

Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

I hereby authorize Comfort Farms to conduct an inquiry for
Agency/Company
 the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for 30 days from date of signature.
 I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

 Signature Date

 Attorney for Individual (Purpose Code E and U Only) Bar Number Date

For Law Enforcement Use Only Below This Line

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used (check one): Note: Only one inquiry may be performed per consent form.

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E Employment (Including School & Church volunteers/chaperons)
<input type="checkbox"/>	M Employment direct care with Mentally Ill/Developmentally Disabled
<input type="checkbox"/>	N Employment direct care with Elderly
<input type="checkbox"/>	W Employment direct care with Children (School & Church volunteers/chaperons check box E.)
<input type="checkbox"/>	P Public Record (no consent required)
<input type="checkbox"/>	F Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J Civilian Criminal Justice Employment (state and III data received)
<input type="checkbox"/>	Z Sworn Criminal Justice Employment (state and III data received)

This inquiry resulted in the following (check all that apply):

<input type="checkbox"/>	No criminal history available
<input type="checkbox"/>	Criminal history available (attached/released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (list Wanting agency below)
<input type="checkbox"/>	Wanting Agency Name:
<input type="checkbox"/>	Wanting Agency Telephone:

 Agency Designee Signature and Title