



**Office of the Secretary of State**  
**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby authorize Applicant Insight, Inc. to conduct an inquiry for  
 \_\_\_\_\_ Agency/Company  
 the purpose listed below and receive any Georgia and/or national criminal history record information  
 as authorized by state and federal law.

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

**Please check ONLY one of the boxes listed below:**

- This authorization is valid for \_\_\_\_\_ 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

**AREA BELOW IS FOR AGENCY USE ONLY**

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Purpose Code Used: (check one)

| NON-CRIMINAL JUSTICE PURPOSES                   |  |
|---|--|
| <input type="checkbox"/>                        | E - Employment   |
| <input type="checkbox"/>                        | M - Working with Mentally Disabled                                   |
| <input type="checkbox"/>                        | N - Working with Elderly   |
| <input type="checkbox"/>                        | W - Working with Children  |
| <input type="checkbox"/>                        | P - Public Records (no consent required)                             |
| <input type="checkbox"/>                        | F - Probate Court / Weapons Carry License                            |
| PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY) |  |
| <input type="checkbox"/>                        | U - Personal Copy  |
| CRIMINAL JUSTICE                                |  |
| <input type="checkbox"/>                        | J - Civilian Criminal Justice Employment (State & III Info Received) |
| <input type="checkbox"/>                        | Z - Sworn Criminal Justice Employment (State & III Info Received)    |

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

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | No Criminal Record Available                           |
| <input type="checkbox"/> | Criminal Record (Attached/Released)                    |
| <input type="checkbox"/> | No NCIC/GCIC Warrant                                   |
| <input type="checkbox"/> | Possible NCIC/GCIC Warrant (List Wanting Agency Below) |

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

Agency Designee Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_