

Cherokee Sheriff's Office

Name-Based Criminal History Record Information Consent/Inquiry Form – NCJ

THIS FORM MUST BE FILLED OUT COMPLETELY IN ORDER TO BE PROCESSED

Section 1: Authorization - I authorize the Cherokee Sheriff's Office to process my criminal history record information and release any information pertaining to me which may be in the file of any state, national, or local criminal justice agency to the individual I have specified below. If this information is being released to a business, agency, or organization, the Cherokee Sheriff's Office must have a specific person's name at the business, agency, or organization and the address and the title of the business, agency, or organization. If this information is being released to an individual, the Cherokee Sheriff's Office must have the individual's name and address. (O.C.G.A. §35-3-34) For the Cherokee Sheriff's Office to better serve you, please fill out this form neatly and in its entirety. Do not change, strikethrough, or white out any information. This form is for the Cherokee Sheriff's NCJ consent form for employment, personal inspection, and other NCJ reasons as allowed by O.C.G.A. §35-3-34.

I, **YOUR NAME HERE** hereby authorize the CSO to conduct an inquiry for Company/Individual (name releasing record to) **FULL NAME OF INDIVIDUAL WHO MAY PICK UP THIS C.H.** the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law. This authorization is valid for 90 days from date of signature.

WRITE OUT THE FULL NAME WITH NO INITIALS. MUST BE WRITTEN LEGIBLE FOR PROCESSING

Full Name: (Last, First, and Middle – Please Print Legibly)

Street Address _____

City _____

State _____

Zip Code _____

Date of Birth (MM/DD/YY) _____

SEX (M/F) _____

RACE**

Social Security Number

PICK 1

IF NO SSN, WRITE "NONE"

****Race Abbreviations****

Asian/Pacific Islander - **A**
 Black – **B**
 Alaskan Native/American Indian – **I**
 White – **W**
 Unknown – **U**

Authorizing Signature _____

Date (MM/DD/YY) _____

Attorney for Individual (Purpose Code E and U Only) _____

Bar Number _____

Date (MM/DD/YY) _____

MUST HAVE EXPIRATION DATE IN THE STAMP OR WRITTEN

DL# OF THE PERSON LISTED

Notary Signature & Stamp

Date (MM/DD/YY) _____

Driver's License Number (Notary Use Only)

Purpose Code Used (check one per form):

Note: Only one inquiry may be performed per consent form.

Notary Stamp

NON-CRIMINAL JUSTICE PURPOSES	
E	Adoption
E	Apartment
E	Employment _____
E	Licensing _____
E	Raffle Permit
E	Volunteer _____
M	Employment direct care with Mentally Ill/Developmentally Disabled
N	Employment direct care with Elderly
W	Employment direct care with Children
U	Personal Copy (stamp return "personal copy")

AGENCY USE ONLY BELOW

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

This inquiry resulted in the following: _____ No criminal history available _____ Criminal history available (attached/released)