



Chief Brandon Criss
Police Services
320 Cash Memorial Blvd.
Forest Park, GA 30297
Phone: (404) 366-4141
bcriss@forestparkga.gov



Name-Based Criminal History Record Information Consent/Inquiry
Form

I hereby give consent for the **Forest Park Police Department** to conduct an inquiry and receive any Georgia Criminal History record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

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

☐ This authorization is valid for 90/180 (**CIRCLE ONE**) days from date of signature.

☐ I, _____ give consent to the above names to perform periodic criminal history background checks for the duration of my employment with this company.

Signature: _____ Date: _____

.....
OFFICE USE ONLY

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

Purpose Code used: (check one)

<input type="checkbox"/>	Employment (E) – Provides Georgia Criminal History Record Information
<input type="checkbox"/>	Employment with Mentally Disabled (M) - Provides Georgia Criminal History Record Information
<input type="checkbox"/>	Employment with Elder Care (N) - Provides Georgia Criminal History Record Information
<input type="checkbox"/>	Employment with Children (W) - Provides Georgia Criminal History Record Information
<input type="checkbox"/>	Public Records (P) - Provides Georgia Felony Convictions Only

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

<input type="checkbox"/>	No Georgia CHRI results available.
<input type="checkbox"/>	Georgia CHRI attached/ released.
<input type="checkbox"/>	No NCIC/GCIC Warrant results available
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	
Agency Telephone:	

Agency Designee Signature and Title

Date

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