

**BULLOCH COUNTY SHERIFF'S OFFICE**  
**CRIMINAL HISTORY RECORD INFORMATION CONSENT/INQUIRY FORM**

I hereby authorize \_\_\_\_\_ to conduct an inquiry for the  
Agency/Company/Person

Purpose(s) listed below and receive and Georgia and/or national criminal history record information as authorized by state and federal law.

Name				
Address				
Sex	Race	Date of Birth	Social Security Number	Telephone

☐ 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

**SHERIFF'S OFFICE PERSONNEL ONLY**

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

Purpose Code Used

<input type="checkbox"/>	<b>E</b> – Employment, Licensing, International Travel, Adoption, Personal
<input type="checkbox"/>	<b>J</b> - Civilian Criminal Justice Employment
<input type="checkbox"/>	<b>M</b> - Working with Mentally Disabled
<input type="checkbox"/>	<b>N</b> - Working with Elderly
<input type="checkbox"/>	<b>P</b> - Personal Copy
<input type="checkbox"/>	<b>W</b> - Working with Children
<input type="checkbox"/>	<b>Z</b> - Sworn Criminal Justice Employment

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 / Telephone \_\_\_\_\_

\_\_\_\_\_  
Agency Designee Signature and Title

\_\_\_\_\_  
Date

**MUST ATTACH A COPY OF VALID DRIVER'S LICENSE OR STATE ISSUED PHOTO I.D.**

RECEIVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_