SEMINOLE COUNTY SHERIFF'S OFFICE

Name-Based Criminal History Record Information Consent / Inquiry Form

I hereby give consent for the **SEMINOLE COUNTY SHERIFF'S OFFICE** to conduct an inquiry and provide 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):			
Other Last Names (Maiden / Married)			
Address			
Sex	**Race**	**Date of Birth**	**Social Security Number**

Purpose of Request: _____

	E	Employment / licensing / etc - Georgia record excluding restricted or sealed
	E	Volunteer with Children - Georgia record excluding restricted or sealed
	W	Employment with Children - Georgia record excluding restricted or sealed
	M	Employment/ volunteer with Mental Disabled - Georgia record excluding restricted or sealed
	N	Employment / volunteer with Elder Care - Georgia record excluding restricted or sealed
	U	Personal – provides full **Georgia** history including restricted and/or sealed

Signature: _____ Date: _____

Consent is valid for 60 days after signature.

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

	No Georgia Criminal Record Information found
	Georgia Criminal Record Information found – see attached results

	No outstanding NCIC/GCIC Warrant results available
	Possibly NCIC/GCIC Warrant. Contact Agency listed below for information.
Wanting Agency Name	
Agency Telephone	

Ran by: _____# _____ Date: _____ Time:_____

Seminole County Sheriff's Office

If an adverse decision is made against the person whose record is obtained, he/she shall be informed:

- That a record was obtained
- The specific contents of the record
- The effect the record had on the decision