

FANNIN COUNTY SHERIFF'S OFFICE GCIC CRIMINAL HISTORY FORM

NAME-BASED CRIMINAL HISTORY RECORD INFORMATION CONSENT/INQUIRY FORM

I HEREBY AUTHORIZE THE FANNIN COUNTY SHERIFF'S OFFICE TO CONDUCT AN INQUIRY FOR THE PURPOSE(S) LISTED BELOW AND RECEIVE ANY GEORGIA CRIMINAL HISTORY RECORD INFORMATION AS AUTHORIZED BY STATE AND FEDERAL LAW.

FULL NAME			
ADDRESS			
SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER

SIGNATURE _____

DATE _____

DATE OF INQUIRY: _____ **TIME OF INQUIRY:** _____ **OPERATOR'S INITIALS:** _____

PURPOSE CODE USED: (CHECK ALL THAT APPLY)

<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

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