



# OFFICE OF THE SHERIFF

## HALL COUNTY

## CRIMINAL HISTORY CONSENT/INQUIRY

FORM

I hereby authorize \_\_\_\_\_ **Hall County Business License** \_\_\_\_\_ to conduct an inquiry for  
Agency/Company  
 the purpose(s) listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

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

- This authorization is valid for \_\_\_\_\_ 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

\_\_\_\_\_  
Attorney for Individual (Pur E and U Only)

\_\_\_\_\_  
Bar Number

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE-OFFICIAL USE ONLY**

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

**Purpose Code Used: (check all that apply)**

- E – Non-Criminal Justice i.e., Employment, licensing, international travel and prospective adoption/foster parents
- J - Civilian Criminal Justice Employment (State & III Info Received)
- M - Working with Mentally Disabled
- N - Working with Elderly
- P - Public Records- Displays Georgia Felony Only
- U - Personal Copy
- W - Working with Children
- Z - Sworn Criminal Justice Employment (State & III Info Received)

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

- No Criminal Record Available
- Criminal Record (Attached/Released)
- No NCIC/GCIC Warrant
- Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

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

\_\_\_\_\_  
Date

**Mailing Address- Attention Hall County Sheriff's Office- Records**

2859 Browns Bridge Road Gainesville, GA 30504

**Phone Number:**

(770)531-6877