

## Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize **Fort Moore DES, Police Division** to conduct an inquiry for the purpose(s) listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Last, First, Middle			
Address / Phone			
Sex	Date of Birth	Social Security Number	Race

- This authorization is valid for \_\_\_\_\_ days from date of signature. SELECT ONE
- I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Purpose of the inquiry: (check all that apply)

	E - Employment
	C - Working with Weapons, Ammunition, or Explosives
	W - Working with Children
	M - Working with Mentally Disabled
	N - Working with Elderly
	U - Personal Copy
	<b>J - Civilian Criminal Justice Employment</b>
	<b>Z - Sworn Criminal Justice Employment</b>

\_\_\_\_\_  
Fort Moore, DES Police Records Clerk Signature

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

	No Criminal Record Available
	Criminal Record Found / For Full Background : usarmy.belvoir.usacrc.mbx.mailcicr@army.mil
	No NCIC/GCIC Warrant
	Possible NCIC/GCIC Arrest Warrant _____

Wanting Agency

Phone Number