

Name-Based Criminal History Record Information Consent/Inquiry Form

Please include a copy of your Driver's License

I hereby give consent for the **Oconee County Sheriff's Office** to conduct an inquiry and receive 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.

I hereby authorize **Butterfly Dreams Farm/Joey Bristol** to receive any Georgia criminal history information that this criminal history record check uncovers.

APPLICANT INFORMATION. Please print clearly.			
Full Name:			
Address:			
Sex:	Race:	Date of Birth:	Social Security Number:

- This authorization is valid for 90 / 180/ _____ (circle one) days from date of signature.
- I, _____, give consent to the above named business entity/person to perform periodic criminal history background checks for the duration of my employment with the stated company.

Signature

Date

SECTIONS BELOW TO BE COMPLETED BY OCSO

Date of Inquiry:	Time of Inquiry:	Operator's Initials:
------------------	------------------	----------------------

Purpose Code Used: *(check one)*

	Employment (E) - Provides GEORGIA Criminal History Record Information
	Employment with Mentally Disabled (M) - Provides GEORGIA Criminal History Record Information
	Employment with Elder Care (N) - Provides GEORGIA Criminal History Record Information
X	Employment with Children (W) - Provides GEORGIA Criminal History Record Information
	Public Records (P) - Provides GEORGIA Felony Convictions ONLY

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

	NO Georgia CHRI results available.
	Georgia CHRI attached/released.

	No NCIC/GCIC Warrant Results Available.
	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	
Wanting Agency Telephone:	

Agency Designee Signature & Title

Date