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

I hereby authorize Alto Police Dept/ InfoMart to conduct an inquiry for
Agency/Company
the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

| | | | |
|---|---|---|---|
| **Full Name (print)** | | | |
| **AKA name(s)** | | | |
| **AKA name(s)** | | | |
| **Address** | Street Address, City, State, Zip Code | | |
| **Date of Birth** | **Full SSN** | **Sex** | **Race** |
| | | Not disclosed | Not disclosed |

I _____ , give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

_____ _____
Signature Date

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**Purpose Code Used (check one): Note: *Only one inquiry may be performed per consent form*.**

| NON-CRIMINAL JUSTICE PURPOSES | | |
|---|---|---|
| ✔ | **E** | Employment |

**This is for police dept to fill out (check all that apply):**

| | |
|---|---|
| | No criminal history available |
| | Criminal history available (attached/released) |
| | No NCIC/GCIC Warrant |
| | Possible NCIC/GCIC Warrant (list Wanting agency below) |
| | Wanting Agency Name: |
| | Wanting Agency Telephone: |

After downloading and completing this form, please return it to InfoMart via email (**GARelease@InfoMart-usa.com**) or fax (**1-800-800-3292**).
Your criminal background check cannot be completed without this signed form.