Cherokee Sheriff's Office

Name-Based Criminal History Record Information Consent/Inquiry Form – NCJ

Section 1: Authorization - I authorize the Cherokee Sheriff's Office to process my criminal history record information and release any information pertaining to me which may be in the file of any state, national, or local criminal justice agency to the individual I have specified below. If this information is being released to a business, agency, or organization, the Cherokee Sheriff's Office must have a specific person's name at the business, agency, or organization and the address and the title of the business, agency, or organization. If this information is being released to an individual, the Cherokee Sheriff's Office must have the individual's name and address. (O.C.G.A.§35-3-34) For the Cherokee Sheriff's Office to better serve you, please fill out this form neatly and in its entirety. Do not change, strikethrough, or white out any information. This form is for the Cherokee Sheriff's NCJ consent form for employment, personal inspection, and other NCJ reasons as allowed by O.C.G.A. §35-3-34.

I, _____ hereby authorize the CSO to conduct an inquiry for Company/Individual (name releasing record to) City of Ball Ground PO Box 285 Ball Ground, GA 30107 Attn: Kaylyn Bush- City Clerk the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law. This authorization is valid for 90 days from date of signature.

_____

Full Name: (Last, First, and Middle – Please Print Legibly)

_____

Street Address **City** **State** **Zip Code**

_____ _____ _____ _____

Date of Birth (MM/DD/YY) **SEX (M/F)** **RACE**** **Social Security Number**

****Race Abbreviations****
Asian/Pacific Islander - **A**
Black – **B**
Alaskan Native/American Indian – **I**
White – **W**
Unknown – **U**

_____ _____

Authorizing Signature **Date (MM/DD/YY)**

_____ _____ _____

Attorney for Individual (Purpose Code E and U Only) **Bar Number** **Date (MM/DD/YY)**

_____ _____ _____

Notary Signature & Stamp **Date (MM/DD/YY)** **Driver's License Number (Notary Use Only)**

Notary Stamp

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

NON-CRIMINAL JUSTICE PURPOSES		
	E	Adoption
	E	Apartment
	E	Employment _____
	E	Licensing _____
	E	Raffle Permit
	E	Volunteer _____
	M	Employment direct care with Mentally Ill/Developmentally Disabled
	N	Employment direct care with Elderly
	W	Employment direct care with Children
	U	Personal Copy (stamp return "personal copy")

_____**AGENCY USE ONLY BELOW**_____

Date of Inquiry: _____ **Time of Inquiry:** _____ **Operator's Initials:** _____

This inquiry resulted in the following: _____ **No criminal history available** _____ **Criminal history available (attached/released)**