



NAME-BASED CRIMINAL HISTORY RECORD INFORMATION

I hereby authorize Southern Hills The Church At City Station to conduct an inquiry for the purpose listed below
Agency/Company
and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

LAST NAME FIRST NAME MIDDLE NAME

ADDRESS CITY STATE ZIP CODE

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 PARENT/GUARDIAN SIGNATURE FOR AGES 16 AND UNDER

ATTORNEY FOR INDIVIDUAL (PURPOSE CODE E AND U ONLY) BAR NUMBER DATE

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy

The inquiry resulted in the following:

- No Criminal Record
- Criminal Record (Attached)

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

Signed before me on _____ day of _____, 20____ NOTARY: _____