

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Peoplefacts/Universal Background Screening to conduct a Criminal History Background inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

CHECK ONE BOX

This authorization is valid for 90 days from the 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

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
X	E - Employment
	M - Working with Mentally Disabled PROVIDING 24/7 CARE
	N - Working with Elderly
	W - Working with Children NOT A VOLUNTEER