Click Here -- to Complete Online

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

I hereby authorize **SecurTest, Inc.** to conduct an inquiry for the purpose

Agency/Company

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 (St, City, State, Zip)			
Sex	**Race**	**Date of Birth**	**Full Social Security Number**

Check off the following:

This authorization is valid for **90** 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

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

NON-CRIMINAL JUSTICE PURPOSES		
X	**E**	Employment
	M	Employment direct care with Mentally Ill/Developmentally Disabled
	N	Employment Direct Care with Elderly
	W	Employment Direct Care with Children
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)		
	U	Personal Copy (stamp return “personal copy”)

This is for police department 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:

Save the completed form to your computer and email to compliance@securtest.com