

Bulloch County Sheriff's Office Criminal History Record Information Consent/Inquiry Form

I hereby authorize Bulloch County Board of Commissioners/Melinda Wise to conduct an inquiry for
Agency/Company/Person
 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	Telephone number

This authorization is valid for 30 days from date of signature.

Signature _____ Date _____

Signature of Parent/Guardian (if under 18 years of age) _____ Date _____

Attorney for Individual (Pur E and U Only) _____ Bar Number _____ Date _____

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

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 (no consent required)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

 Agency Designee Signature and Title

MUST ATTACH A COPY OF VALID DRIVER'S LICENSE OR STATE ISSUED PHOTO I.D.

RECEIVED BY: _____

DATE: _____



Bulloch County
115 N. Main Street, Statesboro, GA 30458

DRIVER HISTORY CONSENT FORM

I hereby authorize Bulloch County to conduct a driver's history check on me and to receive any driver's history information pertaining to me which may be in the files of any federal, state or local criminal justice or driver's license agency. I understand these records will be used to evaluate my suitability to fulfill driving duties which may be related to my current or desired job assignment, and that information contained in these records may impact my employment with Bulloch County.

I further understand that by signing this consent form, I am authorizing Bulloch County to conduct additional periodic driver's history checks on me and to receive said information pertaining to me at any time during my employment with Bulloch County, without the necessity of any additional authorization from me and without any additional prior notice to me.

Applicant's Signature _____

Date _____

PLEASE COMPLETE THE FOLLOWING.

Applicant's Name: _____

Please enter name EXACTLY as shown on driver's license.

Date of Birth: _____

Driver's License #: _____

Driver's License Expiration Date: _____

**** A COPY OF DRIVER'S LICENSE MUST BE ATTACHED IN ORDER TO PROCESS. ****

Department: _____

Supervisor: _____