

**Name-Based Criminal Background Record Information Authorization/Inquiry Form**

**Sheridan CFPD**

I hereby authorize Alto Police Department to conduct an inquiry for \_\_\_\_\_  
(company) with the purpose(s) listed below and receive any Georgia and/or national criminal background  
history record information as authorized by state and federal law.

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

Check one:

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

Purpose Code Used: (check one that apply)

<input checked="" type="checkbox"/>	E - Employment
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children

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**Official use only:**

AKA Names:
