FLOYD COUNTY, GEORGIA

DAVE ROBERSON, SHERIFF
BOB COUEY, CHIEF DEPUTY

GEORGIA CRIME INFORMATION CENTER CONSENT FORM

I hereby authorize the Floyd County Sheriff's Office to conduct an 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

☐ This authorization is valid for ☐ 90 days ☐ 180 days from the date of the signature.

☐ I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

_____ _____
Signature Date

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

FOR OFFICIAL USE ONLY

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

Purpose Code Used: (check one)

	NON-CRIMINAL JUSTICE PURPOSES	Department Seal
	E – Employment	
	M – Working with Mentally Disabled	
	N – Working with Elderly	
	W – Working with Children	
	P – Public Records (no consent required)	
	F – Probate Court/ Weapons Carry License	
	PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
	U – Personal Copy	
	CRIMINAL JUSTICE EMPLOYMENT	
	J – Civilian Criminal Justice Employment (State & III Info Received)	*NOT OFFICIAL WITHOUT DEPARTMENT SEAL*
	Z – Sworn Criminal Justice Employment (State & III Info Received)	

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

	No Criminal Record Available		No NCIC/ GCIC Warrant
	Criminal Record (Attached/ Released)		Possible NCIC/ GCIC Warrant

_____ _____
Official Performing the Check Title

Updated (5/31/2023)