

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Elberton Housing Authority Agency/Company 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 _____ 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 or tenancy.

Signature

Date

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Purpose Code Used: (check only one)

NON-CRIMINAL JUSTICE PURPOSES	
X	E – Employment / Tenancy