



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

Last Name (print)

First Name (print)

Maiden Name

Address

City/State

Zip

Email Address

Sex

Race

Date of Birth

Social Security Number

Phone 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.

Signature

Date

Attorney for Individual (Pur E and U Only)

Bar Number

Date

Purpose Code Used: (check one)

<input type="checkbox"/> E - Employment	<input type="checkbox"/> Business License	<input type="checkbox"/> Alcohol License	<input type="checkbox"/> (check one)
<b>J - Civilian Criminal Justice Employment ( State &amp; III info Received)</b>			
<b>M - Working with Mentally</b>			
<b>N - Working with Elderly</b>			
<b>U - Personal Copy – FOR PERSONAL USE ONLY – SHOULD NOT BE USED FOR EMPLOYMENT</b>			
<b>W - Working with Children</b>			
<b>Z - Sworn Criminal Justice Employment (State &amp; III info Received)</b>			

**Check this box if you prefer to have the results of your name base  
criminal history mailed to the address provided above**

#### FOR OFFICIAL USE ONLY

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

Date

Designee Contact Number: \_\_\_\_\_