

# Cherokee County Marshal's Office

## Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

In order for the Cherokee County Marshal's Office to better serve you, please fill out this form completely and do not change, strikethrough, or white out any information. Please print neatly. If a change or correction is necessary, a new consent form must be completed.

<b>Section 1: Personal Information:</b>							
Last Name		First Name		Middle Name		Maiden Name or A.K.A.	
Number and Street Address			Apt #	City		State	Zip Code
Telephone Number: Home				Telephone Number: Work			
Social Security Number				Date of Birth			
Driver's License Number			State Issued		Expiration Date		
Race	Sex	Height Ft ____ in ____		Weight	Eyes	Hair	
Employer							
Employer Address				Employer's Phone			
<b>Section 2: Authorization</b>							
This consent for criminal history expires 90 days after being signed by the person whose record is sought.							
I hereby authorize the Cherokee County Marshal's Office to conduct an inquiry for the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.							
_____ Applicant Signature				_____ Date			
_____ Notary Signature & Stamp				_____ Date			
<b>Section 3: Purpose of Request</b>							
Please mark the appropriate Purpose Code. Note: Only one inquiry may be performed per consent form.							
<input type="checkbox"/> <b>E</b> Employment (i.e., Solicitor and Alcohol Permits, Wrecker Rotation, etc.) <input type="checkbox"/> <b>E</b> Employment with Cherokee County – Department: _____ (Please release my criminal history record information to <b>Meli Neal – Human Resources Manager</b> ) <input type="checkbox"/> <b>C</b> CERT – Community Emergency Response Team Volunteer (GCIC Operating Manual 6.2) (Please, release my criminal history information to the <b>EMA Director</b> ) <input type="checkbox"/> <b>J</b> Civilian Criminal Justice Employment (state and III data received) <input type="checkbox"/> <b>Z</b> Sworn Criminal Justice Employment or 911 Employees (state and III data received)							
<b>Section 4: Agency Use Only</b>							
This inquiry resulted in the following (check all that apply):							
Date of Inquiry			SID/FBI:			Operator's Initials	
<input type="checkbox"/> Warrant/Wanting Agency Name & Phone #: _____							