

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize **Fort Benning DES, Police Division** 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, First, Middle			
Address / Phone			
Sex	Date of Birth	Social Security Number	Race

- ☐ This authorization is valid for _____ days from date of signature. SELECT ONE
- ☐ I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature

Date

Purpose of the inquiry: (check all that apply)

<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	C - Working with Weapons, Ammunition, or Explosives
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	U - Personal Copy
<input type="checkbox"/>	J - Civilian Criminal Justice Employment
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment

Fort Benning, DES Police Records Clerk Signature

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

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record Found / For Full Background : usarmy.belvoir.usacrc.mbx.mailcicr@army.mil
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Arrest Warrant _____

Wanting Agency

Phone Number