

**City of Perry  
Perry Police Department  
Criminal History Consent Form**

**Criminal History Record**

I hereby authorize \_\_\_\_\_ representing \_\_\_\_\_  
(Name of person to receive report) (Name of business or organization)

to receive any and all criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency.

|                 |      |                        |       |
|-----------------|------|------------------------|-------|
| _____           |      | _____                  |       |
| Print Full Name |      | Social Security Number |       |
| _____           |      | _____                  |       |
| Street Address  |      | City                   | State |
| _____           |      | _____                  |       |
| _____           |      | _____                  |       |
| Sex             | Race | Date of Birth          |       |

|  |  |                  |  |
|--|--|------------------|--|
| _____  |  | _____            |  |
| Signature  |  | Date             |  |
| Reason for this report:  |  |                  |  |
| <input type="radio"/> Apartment Rental                                   |  | (Purpose Code E) |  |
| <input type="radio"/> Employment with mentally disabled                  |  | (Purpose Code M) |  |
| <input type="radio"/> Employment with elder care                         |  | (Purpose Code N) |  |
| <input type="radio"/> Employment with children                           |  | (Purpose Code W) |  |
| <input type="radio"/> Employment with Criminal Justice agency non-sworn) |  | (Purpose code J) |  |
| <input type="radio"/> Other Employment                                   |  | (Purpose code Z) |  |

**Notary**

|           |  |       |  |
|-----------|--|-------|--|
| _____     |  | _____ |  |
| Signature |  | Date  |  |

My Commission Expires: \_\_\_\_\_

PLEASE ATTACH COPY OF PHOTO I.D.

\_\_\_\_\_

**PERRY POLICE DEPARTMENT**

\_\_\_\_\_ I certify that I have conducted a criminal history check in accordance with GCIC regulations on the person named above and the results were that, as of this date, this individual has no record on file.

\_\_\_\_\_ A record on the person named above is attached,

Name: \_\_\_\_\_ Date: \_\_\_\_\_

SID Number \_\_\_\_\_