

**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** _____ **Zip**

_____ **Sex** _____ **Race** _____ **Date of Birth**

_____ **Signature** _____ **Date**

Reason for this report:

- Apartment Rental/Employment** (Purpose Code E)
- Employment with mentally disabled** (Purpose Code M)
- Employment with elder care** (Purpose Code N)
- Employment with children** (Purpose Code W)
- Employment with Criminal Justice agency (non-sworn)** (Purpose Code J)
- Employment with Criminal Justice agency (sworn)** (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.

_____ No NCIC/GCIC warrant results available.

_____ Possible NCIC/GCIC warrant contact agency listed below.

Wanting Agency Name: _____

Agency Phone Number: _____

Name: _____

Date: _____

SID Number _____