

**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:

- E** – Apartment Rental/Employment
- J** – Civilian Criminal Justice Employment (Non-sworn)
- M** – Working with Mentally Disabled
- N** – Working with Elderly
- P** – Public Records
- U** – Personal Copy
- W** – Working with Children
- Z** – Sworn Criminal Justice Employment (Sworn)

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.

Criminal Records (Attached/Released) SID Number _____

No NCIC/GCIC Warrant results Available

Possible NCIC/GCIC Warrant Contact Agency listed below

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Name: _____ **Date:** _____