



GLYNN COUNTY POLICE DEPARTMENT

Interim Chief O'Neal Jackson, III

HEADQUARTERS
157 Carl Alexander Way
Brunswick, GA 31525
912-554-7800

ISLANDS SUBSTATION
1965 Demere Road
St. Simons Island, GA 31522
912-279-2891

Dispatch: 912-554-3645
<https://glynncounty.org/331>

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Glynn County Police Department to conduct an inquiry for the purpose listed below and receive any Georgia and/or National Criminal History Record information as authorized by state and federal law.

FULL NAME(print)			
ADDRESS*			
*SEX	*RACE	*DATE OF BIRTH	*SOCIAL SECURITY NUMBER

I, _____, give consent to the above named entity to perform criminal history background check.

* _____
Signature

Date

Attorney/Bar Number(Purpose Code E or U Only)

Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____
This Authorization is valid for 90 days from date of signature.

FOR OFFICIAL USE ONLY-Purpose Code Used:(Check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E-Employment
<input type="checkbox"/>	C- Ride Along
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U- Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & Ill Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & Ill Info Received)

Agency Signature/Title

Date

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

___ No Criminal Record Available ___ Criminal Record (Attached/Released)
___ No NCIC/GCIC Warrant ___ Possible NCIC/GCIC Warrant

(List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____