



**Corra Group
Background Screening Solutions**

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Georgia Statewide Criminal Search Instructions (GCIC)

- Subject must complete and sign the following Georgia Criminal History Consent.
- **Full Name:** Please print subject's full name including middle name.
- **Address:** Please provide current residential Address
- **Gender, Race, Date of Birth, and SSN Now required.**
 - For Race and Sex, may use "U" for Unknown.
- **Duration** – please either check box 1 and choose either a period valid for up to 90 days, or check box 2 for the duration of employment.
- **Purpose Code** – Please select one purpose Code.

Please upload all documents to the pending request, either through the Corra Applicant Portal or the Corra HR Portal.

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct a Criminal History Background 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

CHECK ONE BOX

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

Signature

Date

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled PROVIDING 24/7 CARE
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children NOT A VOLUNTEER