

**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:	
<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 _____