

Please find attached a copy of the background release form that will need to be signed by the candidate and witnessed by a notary, who must include contact information in the case of verification.

I have also included the link for payment: <https://altoga.governmentwindow.com/start.html> . From the website, you will choose "GCIC/Backgrounds", GCIC, enter the payment amount-\$25 (there is an additional processing which will apply), and under "rcpt note" please enter "background/(person's name) for whom we will be conducting the background check. The next page should look familiar as it is a standard payment screen.

When returning the background screening information back to us, please fax information to (706) 778-6908 OR email to orders@altopolice.com . Results are usually sent back within 24 business hours, excluding weekends and holidays.

In order to avoid delays, please ensure you have included: (1) The signed and notarized background release along with (2) a copy of the candidate's driver's license, (3) notary's contact information, and (4) payment. **DO NOT FILL IN ANY SPACES BELOW THE DOUBLE LINE.**

Please feel free to contact the office at (706) 778-8028 should you have questions about this process.

Kindly,

Melanie Allen
Alto GCIC Operator
Alto Police Department
(706) 778-8028

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ Alto Police Department _____ to conduct an inquiry for
Agency/Company
 the purpose(s) 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 |
| | | | |

- This authorization is valid for _____ days from 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

 Contact # _____

 Notary Public Signature

My commission expires: _____ Email address: _____

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check all that apply)

| | |
|--------------------------|---|
| <input type="checkbox"/> | E - Employment |
| <input type="checkbox"/> | J - Civilian Criminal Justice Employment (State & III Info Received) |
| <input type="checkbox"/> | M - Working with Mentally Disabled |
| <input type="checkbox"/> | N - Working with Elderly |
| <input type="checkbox"/> | P - Public Records |
| <input type="checkbox"/> | U - Personal Copy |
| <input type="checkbox"/> | W - Working with Children |
| <input type="checkbox"/> | Z - Sworn Criminal Justice Employment (State & III Info Received) |

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

| | |
|--------------------------|--|
| <input type="checkbox"/> | No Criminal Record Available |
| <input type="checkbox"/> | Criminal Record (Attached/Released) |
| <input type="checkbox"/> | No NCIC/GCIC Warrant |
| <input type="checkbox"/> | Possible NCIC/GCIC Warrant (List Wanting Agency Below) |

Wanting Agency Name: _____

Wanting Agency Telephone: _____

 Agency Designee Signature and Title Date