

## RELEASE COVER SHEET

*Please return promptly to avoid delay in processing your order*

Note: To avoid cancellation, this form must be returned within five business days.

To: Operations Department

Attention: Order Processing

Re: Georgia Statewide Criminal Release

Fax: 910.343.9731

Email: [expedite@castlebranch.com](mailto:expedite@castlebranch.com)

Name of Applicant: \_\_\_\_\_

Order Number: \_\_\_\_\_

### Instructions for Completing This Release

**You must complete this form in its entirety and exactly as specified. Failure to meet all the requirements as indicated will result in a rejection of your release and a delay in your search.**

1. Print out the release on page 2 of this packet and Sign and Date where indicated.
2. You must complete all information on this release (do not leave anything blank above the lines for Official Use Only.)
  - Complete all personal identifying information in the table at the top half of the page.
  - Check one of the boxes for how long you want the release to be valid for.
  - Check off the box(es) for the Purpose Code that best fits your reason for request.
  - **DO NOT** write in the section for Official Use Only.
3. Send the completed form to CastleBranch to process your request.
  - Email to: [expedite@castlebranch.com](mailto:expedite@castlebranch.com) or Fax to: 910-343-9731.

**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby authorize Georgia Background Research Specialists, Inc to conduct an inquiry for  
Agency/Company  
CastleBranch (company) with the purpose(s) listed below for a Georgia criminal history background check and receive any record information as authorized by state and local law.

Legal First Name:			
Legal Middle Name: <small>Must list N/A if no middle name</small>			
Legal Last Name:			
AKA name(s):			
Address:			
Sex	Race	Date of Birth	Social Security Number

You must select one of the below options.

- This authorization is valid for 90 days from date of signature.
- I, \_\_\_\_\_, give consent to the above-named entity  
Applicant Name  
to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Purpose Code Used: (check all that apply)

<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children

**Official use only:**

Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

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: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
Agency Designee Signature and Title

\_\_\_\_\_  
Date