

# Georgia Statewide Search Instructions

**Summary** – The state of Georgia requires a signed authorization form in order to process the statewide criminal search.

## GCIC Authorization Form

To submit your request, the form on page 2 needs to be filled out, signed and dated within 90 days of submission. To expedite handling, please use the link provided in the email to upload the document. If you cannot access the link, the document can be scanned and emailed to the below email address.

Email: [casedocuments@fadv.com](mailto:casedocuments@fadv.com)

### Important Notes:

- No alterations to the document (such as white out) should be made.
- Please see below example of a completed form. Please make sure to complete all sections of the form.
- In the section outlined by a red box below, please only check one of the boxes.
  - The first box allows for the authorization to be used for a specific amount of time.
  - The second box allows for periodic checks. **Do NOT** select both or the form will be **rejected** by the state.
- If you prefer to use e-signature, please use a service such as DocuSign or Adobe Sign. These two services include the option to include the IP Address and date and timestamp which are required by the state agency for processing. If DocuSign or Adobe Sign are used, please make sure to include the certificate of completion page or the summary page when sending the documents to First Advantage.
- Please make sure to list First Advantage as the Agency/Company or the form will be **rejected**.
- Pictures/jpegs of the completed form are accepted by the agency as long as they are fully completed and legible.
- Please make sure to select a Purpose Code or the form will be **rejected**.
- For US citizens, the Social Security Number (SSN) is required. If you are NOT a US citizen and you do not have an SSN, you must provide in the Social Security Number box: "Do Not Have A US SSN". Only a Non-US citizen without a Social Security Number will be exempt from providing.
- If you select purpose code M, N or W, please also enter the company that you are applying to on the form.

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

I hereby authorize **First Advantage** 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.

\*\* ALL FIELDS ARE REQUIRED

FULL NAME (PRINT) MUST BE CURRENT FULL LEGAL NAME AS IT APPEARS ON GOVERNMENT ID			
Full Last Name	Full First Name	Full Middle Name	
LAST	FIRST	MIDDLE	
ADDRESS			
STREET	123 Main Street		
CITY, STATE ZIP	City, State, Zip Code		
SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> UNKNOWN	MM/DD/YYYY	Enter SSN or select Checkbox If no SSN
			<input type="checkbox"/> I HAVE NEVER BEEN ISSUED A SOCIAL SECURITY NUMBER

CHECK ONE BOX

☐ This authorization is valid for **90** 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.

**Sign Here**

Signature

**Date Here**

Date

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E – Employment / Volunteer Work / Tenancy
<input type="checkbox"/>	M - Working with Mentally Disabled PROVIDING 24/7 CARE – NOT for Volunteer work
<input type="checkbox"/>	N - Working with Elderly – NOT for Volunteer work
<input type="checkbox"/>	W - Working with Children NOT A VOLUNTEER – NOT for Volunteer work
<input type="checkbox"/>	ORI STAMP REQUESTED

# **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.

**\*\* ALL FIELDS ARE REQUIRED**

FULL NAME (PRINT)		MUST BE CURRENT FULL LEGAL NAME AS IT APPEARS ON GOVERNMENT ID	
LAST		FIRST	MIDDLE
ADDRESS			
STREET			
CITY, STATE ZIP			
SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
MALE	WHITE		
	BLACK		
FEMALE	ASIAN		
	HISPANIC		
UNKNOWN	UNKNOWN		
			I HAVE NEVER BEEN ISSUED A 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	
	E – Employment / Volunteer Work / Tenancy
	M - Working with Mentally Disabled PROVIDING 24/7 CARE – NOT for Volunteer work
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ORI STAMP REQUESTED