

IntelliQuest Training Academy

Criminal Record Release Authorization Form

Consent for Release of Criminal History from Chamblee Police Department

This form should be completed by students who register for a course which requires a criminal background check as noted in the IntelliQuest Training Academy (ITA) course descriptions. A criminal background check is required only one time per calendar year. The fee for this service is \$25.00. However, students who either submit a copy of their valid GA Firearms License / Carry Permit, or provide a receipt from a recent gun purchase which required a background check, are exempt from this criminal background check requirement.

Section I			
Full Legal Name		Today's Date	
Aliases (if applicable)		Date of Birth (mm/dd/yyyy)	
Social Security Number	_ - _ - _ -	Place of Birth (city/state)	
Driver's License # or State ID #		State of Issue	
Hair Color		Sex (M or F)	
Eye Color		Race (optional)	
Address / Phone			
Street 1		State	
Street 2		Zip	
City / State		Telephone (Mobile)	
Email Address		Telephone (Home/Other)	

Section II			
Have you ever been convicted of a felony?		Yes	No
Have you ever been convicted of a misdemeanor?		Yes	No
Do you currently have any criminal charges pending against you?		Yes	No
Have you ever violated any city/county criminal ordinances?		Yes	No
If you answered Yes to any of the questions above, explain in the space provided below:			

Criminal Record Release Authorization Form (continued)

Section III

I, _____, hereby authorize the release of my criminal record, if any, to IntelliQuest Consulting, Inc. / IntelliQuest Training Academy, and Plaza Security LLC. By signing below, I do hereby certify and attest that the information I have provided above is true and accurate to the best of my knowledge. I understand that by falsifying any information provided on this form may result in exclusion from the Training Academy and a loss of any fees paid to IntelliQuest Consulting, Inc. / IntelliQuest Training Academy.

Student's Signature

Date

ITA Authorized Signature

Date

Section IV

Mail this form
and \$25.00
payment to:

IntelliQuest Training Academy
Attn. Training Division
P.O. Box 3730
Cartersville, Ga. 30120-1713

Questions?

Contact Malinda Sarge at 678-605-9601.