

**GEORGIA NAME SEARCH REQUEST FORM**

Please complete the form below to request a Georgia name check. Please be advised that an individual's fingerprints must be rejected twice for image quality prior to requesting a Georgia name check. Please be advised that the final response will be indicated on the front of the card in the SID block or stamped with response on the back of the card.

ORI of State/Federal/Regulatory Agency: \_\_\_\_\_

Your Agency's Point of Contact (POC) for the Response: \_\_\_\_\_

Phone Number of POC: \_\_\_\_\_

FAX Number of POC: \_\_\_\_\_

Address of Requesting Agency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please FAX \_\_\_\_\_ or mail \_\_\_\_\_ my response to this request.

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**SUBJECT OF NAME CHECK**

Transaction Control Number (TCN) of Subject's Fingerprint Submission: \_\_\_\_\_

Transaction Control Number (TCN) of Subject's Fingerprint Submission: \_\_\_\_\_

Name: \_\_\_\_\_ Alias: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Miscellaneous Number: \_\_\_\_\_

State Identification Number: \_\_\_\_\_ OCA: \_\_\_\_\_

**\*\* Please note that highlighted fields are required for name check searches. \*\*  
Be sure to include the TCN from both rejected transactions.**

Mail fingerprint cards along with the form to:  
**Georgia Bureau of Investigation**  
**ATTN: CCH /ID Applicant Unit- Name Check Request**  
**3121 Panthersville Road**  
**Decatur, Georgia 30034**