



GCIC Consent Form

I hereby authorize _____ to receive any Georgia criminal history record information pertaining to myself, which may be in the files of any state or local criminal justice agency in the state of Georgia.

Last Name (Please print), First Name, M.I.

Address

Sex

Race

D.O.B. (mm/dd/yyyy)

Social Security Number

Applicant Signature

Signature Date (mm/dd/yyyy)

This authorization is valid for 90 days from the date of the signature above.

Special employment provisions (check only if applicable):

____ Employment with mentally disabled (purpose code M)

____ Employment with elder care (purpose code N)

____ Employment with children (purpose code W)

Pursuant to O.C.G.A. 35-3-34(a)(1)(A), GCIC Rule 140-2-.04