

GCIC Consent Form

In Signing below, I hereby authorize the agency in possession of this document to release any and all Georgia criminal record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print: Last, First, and Middle Name)

Alias names used and time periods used (Print: Last, First, and Middle Name)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

One of the following must be checked:

This authorization is valid for - 90 days -/ - 180 days – (circle one) from the date of signature.

I, _____ give consent to perform periodic criminal history background checks for the duration of my employment with this company.