GCIC Consent Form

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

			W		
Full Name (Print: Last, First, and Middle Name)					
Alias names used (Print: Last, First, and Middle Name)					
Address					
Sex	Race	Date of Birth	Social Security Number		
Signature		10.000	Date		
One of the X This signature		se checked: d for - 90 days -/ - 180 days — (<u>ci</u> i	cle one) from the date of		
i,		give consent to perform periodic criminal			
history b	ackground checks for	the duration of my employmer	t with this company.		

Select applicable Purpose Code:

x	E	Employment General
	M	Employment with Mentally Disabled
	N	Employment with Elder Care
	w	Employment with Children