

GCIC Consent Form

Georgia Crime Investigation Center

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.

Name: _____
Last Name First Name Middle Name

Address: _____
Street Address City State Zip Code

Sex: Male / Female (*Circle One*)

Race: _____

Date of Birth: _____

Social Security #: _____

Previous Names Used & Time Periods:

<u>Previous Name (First/Middle/Last)</u>	<u>Dates Used (MM/YYYY)</u>
	From: ____/____ To: ____/____
	From: ____/____ To: ____/____
	From: ____/____ To: ____/____

You Must Check One Below:

_____ This authorization is valid for **90 Days / 180 Days** (*Circle One*) from signature date.

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

Signature: _____ Date: _____