

GCIC/NCIC CONSENT FORM

I hereby authorize the Georgia Department of Corrections to receive any criminal/driver's license history information, at any time, pertaining to me which may be in the files of any state or local criminal justice agency.

Full name printed

Address

Sex

Race

DOB

Social Security Number

Date

Signature

Notary

RETENTION SCHEDULE:

Once signed by the contractor/consultant, this form shall be attached to the contract.