

**GCIC/NCIC CONSENT FORM**

Volunteer Services Form A06

109.01

ATT 10

12/31/2015

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

Full Name Printed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Place of Birth \_\_\_\_\_

\_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

\_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved/Disapproved- (Circle one) By Appointing Authority (signature)

(Comments:

\_\_\_\_\_

Institution/Center/Office \_\_\_\_\_ Date \_\_\_\_\_

For Ex-offenders ONLY: Approved/ Disapproved By Regional Director

Signature \_\_\_\_\_ Date \_\_\_\_\_

(To be placed in personnel file at Facility)

**RETENTION SCHEDULE:**

Upon completion this form will become part of the volunteer's personnel file to be maintained locally two years past termination of the volunteer services.