

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.