

**VOLUNTEER SERVICES
GCIC/NCIC CONSENT FORM**

I, _____, hereby authorize the Georgia Department of Corrections to receive any criminal or 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: _____

City Zip Code Place of Birth

Weight Height Hair Eyes

Sex Race DOB SSN

Applicant's Signature Date

Approved/Disapproved (circle one) Comments: _____

Appointing Authority's Signature Date

Institution/Center/Office Date

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

Signature Date

(To be placed in personnel file at Facility)