



## GCIC Consent Form

In signing below, I hereby authorize the agency in possession of this document to release any and all Georgia criminal background record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

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Last Name (Please print),

First Name,

M.I.

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Address

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Sex

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Race

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D.O.B. (mm/dd/yyyy)

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Social Security Number

---

Previous Name(s)

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Applicant Signature

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Signature Date (mm/dd/yyyy)

**This authorization is valid for 90 days from the date of the signature above.**