

**VOLUNTEER SERVICES
GCIC/NCIC CONSENT FORM**

I, _____, hereby authorize the Georgia Department of Corrections (GDC) 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 and State

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)