

# GCIC/NCIC CONSENT FORM

## Volunteer Services Form A06

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.

I do solemnly state that the below listed information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Last,      First,      Middle      Maiden      (please print)      Social Security #      Driver's License Number

\_\_\_\_\_  
Street Address      City      State      ZIP      County

\_\_\_\_\_  
Date of Birth      Birthplace (City and State)      Sex      Race

\_\_\_\_\_  
Height      Weight      Eye Color      Hair Color      Skin Tone      Scars, Marks, Tattoos

\_\_\_\_\_  
Home Phone      Work Phone      E-mail address

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

\_\_\_\_\_  
Notary      Date

Approved      Disapproved      By Appointing Authority      \_\_\_\_\_  
(Circle One)      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's services