

GCIC/NCIC CONSENT FORM
Volunteer Services Form

VF01-0001
Att 6
2/01/01

I 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 State Zip Code

Weight Height Hair Eyes

Sex Race DOB SSN

Drivers License # Birthplace (City, State)

Applicant's Signature

Notary 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.