**GCIC/NCIC CONSENT FORM VF01-0001**

Volunteer Services Form A06 Att 6

2/01/01

In 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 Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_

Weight Height Hair Eyes

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex Race DOB SSN

Applicant's Signature

Notary Date

Approved/Disapproved- (Circle one) By Appointing Authority (signature)

(Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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.