

**ROCKDALE COUNTY SHERIFF'S OFFICE  
 GEORGIA BUREAU OF INVESTIGATIONS  
 GEORGIA CRIME INFORMATION CENTER (G.C.I.C.)  
 CONSENT FORM**



PLEASE PRINT CLEARLY

I hereby authorize							
to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.							
Full Name: (First, Middle, Last)							
Street Address:							
City:					State:		Zip:
Sex:	Male		Female		Race:		
Date of Birth: (mm/dd/yyyy)							
Social Security Number:							
Signature:							
Date:							
<b>Special Employment provisions (check if applicable):</b>							
		Employment with mentally disabled (Purpose code "M")					
		Employment with elder care (Purpose code "N")					
		Employment with children (Purpose code "W")					
		Vendor or contractor at a criminal justice agency, who are NOT involved with the actual administration of criminal justice at the agency (Purpose code "C")					
		Employment with firefighter agency, public/private agency, licensing, adoption/foster parent, individual records, public housing (Purpose code "E")					
<b>ONE OF THE FOLLOWING MUST BE CHECKED:</b>							
		I, the above signed, do give consent to the above named person/company/agency to perform periodic criminal history checks for the duration of my employment with person/company/agency.					
		This authorization is valid for 90 days from date of signature.					
		This authorization is valid for 180 days from date of signature.					
		This authorization is valid for _____ days from the date of signature.					