Returning Hearts Volunteers:

Please send your completed GCIC form to Cynda Sims at Cynda.sims@gdc.ga.gov or

fax it to 706-764-3604

NO LATER THAN

April 5th at 5 p.m.

VOLUNTEER SERVICES

**GCIC/NCIC CONSENT FORM**

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.

Full Name Printed:

Address:

City Zip Code

Place of Birth

Weight Height Hair Eyes

Sex Race DOB SSN

Applicant’s Signature Date

Approved/Di sapproved (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)