

**Georgia Bureau of Investigation
Georgia Crime Information Center
GVRA Consent Form**

I hereby authorize the Georgia Department of Human Services/Georgia Vocational Rehabilitation Agency 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 (print)

Address

_____/_____/_____/_____
Sex Race Date of Birth Social Security Number

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')
- Other non-criminal Justice Purposes (Purpose code 'E')

This authorization is valid for 90/180/_____ (circle one) days from date of signature.

I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

To be completed by hiring unit:

Name of GVRA Organizational Unit Contact Person

Telephone Number Fax Number Email Address

FOR GVRA USE ONLY:

- No criminal history found through GCIC system check.
- Criminal history found that prohibits hiring. (See attached.)
- Criminal history found that does not prohibit hiring. (See attached.)