# DHS Purchasing Card
# Consent for Release of Information

I hereby give my consent for a Criminal History and Credit Check. I understand that this is a required check under O.C.G.A 50-5-83 for the issuance of a State of Georgia Purchasing Card. I understand that my criminal history record will be checked through the Georgia Crime Information Center (GCIC) and the Federal Bureau of Investigation (FBI) Interstate Identification Index (III). I understand the check may be made through a Name Search or based on Fingerprints submitted during the employment process with the Department of Human Services. I understand that the information received from any Criminal History Databases will be reported to the Department of Human Services, Office of the Inspector General for evaluation and determination of my eligibility to receive a State of Georgia Purchasing Card. If I accept the issuance of a Purchasing Card in my name, I give consent for periodic Criminal History Background and Credit Checks during the time that I am an authorized user of a state Purchasing Card while employed with the Department of Human Services. I also acknowledge that providing false information or failure to disclose any information pertaining to my identity or criminal history may be a violation of O.C.G. A. 16-10-20.

**Full Name:** _____
**Last** **First** **Middle** **(Maiden)**

**Home Address:** _____
**Number** **Street Name**

_____
**City** **State** **Zip Code**

**Soc. Sec.#:**_____ **Date of Birth:**_____ **Race:**_____ **Sex:**_____
**(01/01/2000)**

**HT:**_____ **WT:**_____ **Eye Color:**_____ **Place of Birth:**_____

_____ _____
**Signature of Applicant/Employee** **Date**

_____ _____
**DHS DFCS County & Region Office** **Region Dir or P-Card Coord Signature & Date**

_____ _____
**Reg Dir or P-Card Coord Phone Number** **Reg Dir or P-Card Coord Email Address**