



**Georgia Department of Human Services**  
Aging Services | Child Support Services | Family & Children Services

**Georgia Crime Information Center**  
**Department of Human Services Consent Form**

I hereby authorize the Georgia Department of Human Services 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 agency.

**To be completed by hiring unit:**

\_\_\_\_\_  
Name of DHS Organizational Unit

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

**FOR DHS 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.)

GCIC Policy Manual 2010  
DHS Consent Form

*Per GBI/GCIC rules, this form must not be edited or altered.*