

**Stephens County Schools**  
**191 Big A School Road**  
**Toccoa, GA 30577**

**GCIC Consent Form**

I hereby authorize Stephens County School System 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')

**One of the following must be checked:**

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

OR

\_\_\_\_\_ I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this school system.