

GEORGIA CRIME INFORMATION CENTER (GCIC) CONSENT FORM

I hereby give the Jasper County Board of Education the authority to receive a criminal record on me. This consent is given in accordance with the policy set forth by the Board. I understand that my record may reflect information that may cause the Board to reject my application for employment with the school system.

*Please **PRINT** the following information:*

Full Name: _____

P.O. Box: _____

Street Address: _____

City, State, Zip: _____

Sex: _____ Race: _____

Social Security #: _____ DOB: _____

Other names used: _____

Signature: _____ Date: _____

Attach Here....

**Copy of Driver's License or
State Issued Picture ID**

Driver's License # _____

DL Expiration Date: _____

A criminal history record check has been conducted through the Georgia Crime Information Center (GCIC) on the above person, and no criminal history was located.

TERMINAL OPERATOR/AGENCY

DATE

A criminal history record check has been conducted through the Georgia Crime Information Center (GCIC) on the above person, and the attached criminal history was located.

TERMINAL OPERATOR/AGENCY

DATE

STATE ID NO.