

GEORGIA CRIME INFORMATION CENTER (GCIC)
PURPOSE CODE "E"/"W"/"N"/"M" CONSENT FORM

I hereby authorize The Jasper County School System
to receive any criminal history record information pertaining to me that may be in the
files of any state or local criminal justice agency in Georgia.

PHOTO ID MUST BE ATTACHED

FULL NAME PRINTED

P. O. BOX

STREET

CITY, STATE, ZIP

SEX

RACE

DATE OF BIRTH

SOCIAL SECURITY NO.

PRINT ANY OTHER NAMES YOU HAVE USED

Sarah Mason

NOTARY PUBLIC (Notary)

SIGNATURE (Candidate)

DATE SUBMITTED

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.

PUR/E GENERAL EMPLOYMENT
PUR/N NURSING HOME/ELDER CARE

PUR/M CARE FOR MENTALLY ILL
PUR/W CARE TO CHILDREN

ONE OF THE FOLLOWING MUST BE CHECKED:

- ☐ 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.