

GCIC/NCIC CONSENT FORM FOR VISITORS OF GDC FACILITIES

I hereby authorize the Georgia Department of Corrections to receive any criminal/driver's license history information, at any time, pertaining to me which may be in the files of any state or local criminal justice agency.

Full Name (Printed)

Address

Sex

Race

DOB

Social Security Number

Date

Signature

Notary

RETENTION SCHEDULE:

Once signed by the visitor, this form will be placed in the visitor file, and used at the discretion of the Georgia Department of Corrections.