



GCIC CONSENT FORM

I hereby authorize HireRight, LLC 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 and list of other names or AKA's (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

**Printed Name and Signature of Parent or
Legal Guardian if under 16**

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)
_____ Housing/Regular Employment
_____ Other

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 company.