

**INDIVIDUAL CONSENT REQUEST FOR DISSEMINATION OF RECORDS AND INFORMATION**

I, the undersigned, hereby authorize \_\_\_\_\_ to receive any criminal history information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

**PLEASE PRINT**

\_\_\_\_\_  
Person of Inquiry/Full Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Race

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature/Person of Inquiry

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date

(Seal)

\_\_\_\_\_  
Commission Expires

**PURPOSE OF INQUIRY (Circle One)**

Housing

School

Non-Law Enforcement Employment

Law Enforcement Employment

Employment with Elderly

Employment with Children

Employment with Mental Health

Contractor Registration

Occupational Tax

**REQUESTOR'S ACKNOWLEDGEMENT**

DISCLOSURE PROVISION: In the event that an employment or licensing decision is made adverse to the person above, the person must be informed by the individual or group making the decision, of all pertinent information which resulted in the adverse action. This disclosure shall include information that a record was obtained, the specific contents of the record, and the effect the record had upon the decision. Failure to provide all such information shall be a misdemeanor.

**REQUESTING:**

( ) MPD Record Only

\_\_\_\_\_  
Requestor's Signature

( ) GCIC Record NO RECORD SEE ATTACHED  
(FEES: Record Search/Dissemination—\$\_\_\_\_\_)

\_\_\_\_\_  
Representing—Company, Firm, etc...

Dissemination Officer \_\_\_\_\_

Date \_\_\_\_\_