



**GEORGIA CRIME INFORMATION CENTER (GCIC) CRIMINAL HISTORY
RECORD INFORMATION CONSENT FORM**

I hereby authorize WHITFIELD COUNTY District Attorney's Office to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia with the understanding that the results may be used to make a decision affecting my volunteer coaching at _____ community.

Full Name (Printed)

Address

City

State

Zip Code

Sex

Race

Date of Birth

Social Security Number

Signature

Date