

### 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