



Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

Georgia Crime Information Center
Department of Human Services Consent Form

I hereby authorize the Georgia Department of Human Services 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 (print)

Address

Sex / Race / Date of Birth / Social Security Number

Signature

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')
- Other non-criminal Justice Purposes (Purpose code 'E')

This authorization is valid for 90/180/_____ (circle one) days from date of signature.

I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this agency.

To be completed by hiring unit:

Athens Community Council on Aging, Inc
Name of DHS Organizational Unit

Ellen Everitt
Contact Person

706-549-4850
Telephone Number

706-549-7786
Fax Number

eeveritt@accaing.org
Email Address

FOR DHS USE ONLY:

- No criminal history found through GCIC system check.
- Criminal history found that prohibits hiring. (See attached.)
- Criminal history found that does not prohibit hiring. (See attached.)