**GEORGIA DEPARTMENT OF HUMAN SERVICES**

**Division of Family and Children Services**

**The attached form is the most updated consent form that has been approved by GCIC. If your agency is not currently using this form, please begin to do so immediately. All fields are required and should be completed. The form must be signed and dated by the client. There should be no corrections made on the consent form; any corrections will result in the consent not being processed. If your agency is currently using the attached form, please disregard.**

**Thank you,**

**Office of Inspector General**

**Background Investigations Unit**

**GEORGIA DEPARTMENT OF HUMAN SERVICES**

**Division of Family and Children Services**

**Consent for Criminal History Records Check**

|  |
| --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ County Department of Family and Children Services |
| I hereby authorize the above named county Department of Family and Children Services to access any criminal history record pertaining to me, which may be in the files of any local, state, or national criminal justice agency that can be lawfully accessed by a non-criminal justice agency in Georgia. |
| [ ]  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I give consent to periodic criminal history background checks for the duration of my involvement with the Department of Human Services. This authorization is valid for 90/180/\_\_\_\_\_\_\_ (**circle one**) days from date of signature.  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature | Date |
|  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Last Name | First Name | Middle Name | Maiden Name |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Current Address |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ | \_\_\_\_\_\_\_\_\_\_/ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City | County | State | Zip |
| \_\_\_\_\_\_\_\_\_\_\_\_\_/ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Gender | Race | DOB | Social Security Number |
| \_\_\_\_\_\_\_\_\_\_\_\_\_/ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Height | Weight | Eye Color | Hair Color |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Place of Birth (City, State, Country) |
|  |  |  |  |
| **For DHS Office of Inspector General use only:**[ ]  Employment with children (Purpose Code “W”)[ ]  Other non criminal justice purposes (Purpose Code “E”)[ ]  Employment with mentally disabled (Purpose Code “M”)[ ]  Employment with elder care (Purpose Code “N”) |
|  |  |  |  |
| **DFCS REQUESTOR INFORMATION** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name | Tel. Number | Fax Number | Email address |