## 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 (Printe	ed)		
Address			
Sex	Race	DOB	Social Security Number
Date		Signature	
Notary			