

**GEORGIA DEPARTMENT OF CORRECTIONS**  
**CRIMINAL/DRIVER HISTORY CONSENT FORM**

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.

**Please Print**

**Full Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Address:** \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

**Social Security #:** \_\_\_\_\_ **Driver's License # & State:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
(mm/dd/yy) (City) (State) (Country)

**Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Eyes:** \_\_\_\_\_ **Hair:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
Notary

**RETENTION SCHEDULE:**

Once signed by the contractor/consultant, this form shall be attached to the contract.

## **AUTHORAZTION FOR RELEASE OF INFORMATION**

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Office of Professional Standards, whether such records are of a public, private, or confidential nature.

The intent of this authorization is to give my ongoing consent for full and complete disclosure of all records of my driver's history, criminal history, association with offenders, employment and pre-employment records, and records of local, state, and federal criminal justice agencies.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be used in determining my suitability and continuing suitability as a contractor working in a Georgia Department of Corrections facility. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Office of Professional Standards within the Georgia Department of Corrections to be a participant in the determination process of contractor suitability. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be as valid as the original form, even though the photocopy does not contain my original signature.

I have read and fully understand the contents of this Authorization for Release of Personal Information Document.

---

**Full Name Printed**

---

**Street Address**

---

**City/State**

---

**Zip Code**

---

**Signature**

---

**Date**



BRIAN P. KEMP  
GOVERNOR

# GEORGIA DEPARTMENT OF CORRECTIONS

300 PATROL ROAD | FORSYTH, GA | 31029



TYRONE OLIVER  
COMMISSIONER

## CONTRACTOR/VENDOR INFORMATION

As a part of the contract with the Georgia Department of Corrections you are required to accurately complete the information below.

\_\_\_\_\_  
*Last Name, First Name*      *Date*      *Facility*

Personal Contact Number: \_\_\_\_\_ Home/Alternate Number: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street*      *City*      *State*      *Zip Code*

Personal Email Address: \_\_\_\_\_

## SOCIAL MEDIA ACCOUNTS

List all Social Media Accounts that you possess below.

FACEBOOK ☐ YES ☐ NO \_\_\_\_\_  
*Username as it appears*      **URL**

INSTAGRAM ☐ YES ☐ NO \_\_\_\_\_  
*Username as it appears*      **URL**

TWITTER ☐ YES ☐ NO \_\_\_\_\_  
*Username as it appears*      **URL**



BRIAN P. KEMP  
GOVERNOR

# GEORGIA DEPARTMENT OF CORRECTIONS

300 PATROL ROAD | FORSYTH, GA | 31029



TYRONE OLIVER  
COMMISSIONER

## CONTRACTOR/VENDOR INFORMATION

Do you have any relatives/associates currently on Probation/Parole or in Prison?

☐ YES ☐ NO

Do any Probationers or Parolees reside in any residence where you reside?

☐ YES ☐ NO

Do you or have you had any communication (*phone, email, visitation*) with **ANY** offender?

☐ YES ☐ NO

“**Offender**” refers to ANYONE who has been convicted of a felony, housed in **ANY** prison in Georgia or any other state, or currently in Prison or on Probation/Parole.

If you checked **YES** to any of the above questions, complete the information below regarding your relationship and communication with offenders.

OFFENDER FIRST/LAST NAME	RELATIONSHIP	FACILITY HOUSED OR PROBATION/PAROLE	DATE LAST COMMUNICATED OR VISITED	LISTED AS CONTACT FOR OFFENDER? Yes or No

### ATTESTATION

I \_\_\_\_\_ attest that the above information is true and accurate. By signing  
(*Print Name*)

this form below, I \_\_\_\_\_ understand that authorization to work in a facility  
(*Print Name*)

of the Georgia Department of Corrections can be withheld due to false information being reported.

If you attest that all information has been reported accurately, print and sign below.

_____ <i>Print First/Last Name</i>	_____ <i>Applicant Signature</i>	_____ <i>Date</i>
_____ <i>Witness (Human Resources) First/Last</i>	_____ <i>Witness Signature</i>	_____ <i>Date</i>