



GCIC CONSENT FORM

I hereby authorize HireRight, Inc. to receive any Georgia criminal history record information pertaining to me, from the Georgia Crime Information Center.

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)
- Housing/Regular Employment
- Other

One of the following must be checked:

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

OR

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