



**GEORGIA CRIME INFORMATION CENTER (GCIC) CRIMINAL HISTORY  
NATIONAL CRIME INFORMATION CENTER (NCIC) CRIMINAL HISTORY  
RECORD INFORMATION CONSENT FORM**

**I hereby authorize VALDOSTA POLICE DEPARTMENT or LOWNDES COUNTY SHERIFFS OFFICE to receive any criminal history record information pertaining to me which may be in the files of any federal, state or local criminal justice agency with the understanding that the results may be used to make a decision affecting my volunteer position at the VALDOSTA-LOWNDES COUNTY PARKS and RECREATION AUTHORITY**

**Full Name (Printed)** \_\_\_\_\_

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

**Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date