



Administrative Office of the Courts

Consent for Release of Information

I, _____, hereby authorize the Administrative Office of the Courts (AOC) to perform a criminal background check and obtain my criminal history any time during the course of my certification or employment with the AOC or an agency certified by the AOC. I understand that information revealed in my background check may impact my eligibility for employment or certification. I understand that this authorization will remain in effect until I am no longer associated with the AOC or any agency certified by the AOC. I affirm that all of the information provided on this form is complete and correct. I further acknowledge that providing false information or failing to disclose any information pertaining to my identity or criminal history may be a violation of Georgia law.

Part I – Agency To Which You Are Applying (check at least one):

- Administrative Office of the Courts (for Employment)
- County and Municipal Probation Advisory Council
- Georgia Commission on Family Violence
- Georgia Commission on Interpreters
- Georgia Office of Dispute Resolution

Part II - Applicant Information (print):

Full Name _____
Last Name First Name Middle Initial (Maiden Name If, applicable)

Address: _____
Street Address or P. O. Box

_____ City State Zip Code

Social Security #: _____ Date of Birth: _____ Race: _____ Sex: _____
###-##-#### MM/DD/YYYY M or F

Height: _____ Weight: _____ Eye Color: _____ Place of Birth: _____
lbs City State

Applicant's Signature: _____ Date: _____

Office Use Only:

- No criminal history found through GCIC system check.
- Criminal history found that prohibits hiring (see attached.)
- Criminal history found that does not prohibit hiring (see attached.)