

**COLUMBIA COUNTY PROBATE COURT  
640 RONALD REAGAN DRIVE  
EVANS, GEORGIA 30809  
(706) 312-7254**

**CONSENT FORM**

I, \_\_\_\_\_,  
Last Name First Name Full Middle Name

Address: \_\_\_\_\_  
\_\_\_\_\_

Race: \_\_\_\_\_ Height: \_\_\_\_\_

Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Eye Color: \_\_\_\_\_

SSN: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
(City & State)

To receive my criminal history record information from the Georgia Crime Information Center (GCIC).

\_\_\_\_\_  
Signature of Subject

\_\_\_\_\_  
Notary Public

**DO NOT WRITE BELOW THIS LINE**

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**FOR OFFICE USE ONLY**

**Authorize:** \_\_\_\_\_

\_\_\_\_\_  
GA036023J //  
ORI Number/Authorized Personnel

\*\*Unless all blanks on this form are completed and the form is notarized, no information will be released.

\_\_\_\_\_  
Purpose of Criminal History

\_\_\_\_\_  
11-  
ARN

Local Address & Telephone Number: \_\_\_\_\_ P.O. Box 1520, Evans, GA 30809

\_\_\_\_\_  
(706) 312-7254