

DOLLY'S PERSONAL CARE HOME, INC.

**Consent for Criminal History Record Check
(G.C.I.C. Name Search)**

I hereby authorize Dolly's Community Living Arrangement to receive any criminal history record information pertaining to me which may be in the files of the Georgia Crime Information Center and any other state or local criminal justice in the State of Georgia.

Applicant full name (printed) _____

Applicant street address: _____

Social Security Number: _____

Date of birth: _____ **Sex:** _____ **Race:** _____

Signature of applicant

Date signed

Signature of DCLA representative

Date signed