



Administrative Office of the Courts

Consent for Release of Information

I, _____, hereby authorize the Administrative Office of the Courts (AOC), pursuant to O.C.G.A. § 35-3-35, to perform a criminal background check and obtain my criminal history any time during the course of my certification, licensing, or registration with an agency supported by the AOC. I understand that information revealed in my background check may impact my eligibility for certification, licensing, or registration. I understand that this authorization will remain in effect until I am no longer certified, licensed, or registered by any agency supported 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 You Are Authorizing to Administer Background Check (check at least one):

- Georgia Commission on Interpreters
- Georgia Office of Dispute Resolution
- Board of Court Reporting
- Other: _____

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

Last 4 SSN: _____ 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: _____