

CRIMINAL AND DRIVERS HISTORY CONSENT FORM

VERY IMPORTANT! Please Read Privacy Act Statement and *Instruction Sheet Before Completing This Form

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C., 3013; 44 U.S.C. 3101, AR 190-13, Chapter 8, Army Access Control

PRINCIPLE PURPOSE: To obtain information about individuals who seek access to Fort Gordon or Gillem Enclave for employment, recreation or other purposes. By completing and signing this form, individual authorizes Fort Gordon or Gillem Enclave Law Enforcement officials to receive National Crime Information Center (NCIC) criminal and driver history. **ROUTINE USE:** Department of Defense (DoD) Blanket Law Enforcement Routine Use. Creates record that individual gave consent for Fort Gordon or Gillem Enclave Law Enforcement Officials to obtain criminal and driver history. Social Security Number (SSN), driver's license number and other documents as requested are used for identification to retrieve information. **DISCLOSURE:** Disclosure is voluntary. Individuals, who do not disclose requested information, to include SSN, may be denied access to Fort Gordon or Gillem Enclave. Note: Individuals found on or entering Fort Gordon or Gillem Enclave without proper authority are subject to removal, prosecution or other appropriate action.

By completing blocks 1 through 12, the individual in block 1 (BLK1) authorizes Fort Gordon or Gillem Enclave Law Enforcement Officials to receive a report of the individual's criminal and driver's history record. If requested, the individual agrees to provide a copy of social security card, a copy of driver's license and copies of other identification documents as may be required.

Individual in block 1 must put a check mark or X in the box below that designates the purpose for completing this form.

- Access to Fort Gordon or Gillem Enclave
 Unit Armorers & AA&E Key Custodians
 General Employment with Ft Gordon or Gillem Enclave (Do not check this block if you are a contractor)
- Employment with Police / Security / Guards
 Employment with Children
 Employment with Elder Care

Type or print neatly in ink, all required information

1. Full Name: (Last, First, Middle)		2. Home Phone No:	3. Cell or Alternate Phone No:
4. Current Address:		5. Sex:	6. Race:
7. SSN:	8. Date of Birth: *(dd/mmm/yyyy)	9. Driver's License No:	10. State of Issue:
Upon signing this form in block 11, I declare that the information provided is complete, true, and correct. I understand that a false statement may subject me to prosecution. (18 USC 1001)			
11. Signature of Individual in Block 1:			12. Date:

Blocks 13 thru 23 are to be completed by a government employee sponsor (GES) / government representative (GOVREP) or business manager (BM). Blocks 13 thru 23 must be completed when requesting access to Fort Gordon or Gillem Enclave for the person listed in BLK1. A GES or GOVREP must be a Department of Defense (DOD) civilian employee or active duty military.

By completing blocks 13 thru 23, the GES / GOVREP or BM in block 21 verifies the need of individual in BLK1 to access Fort Gordon or Gillem Enclave to: perform work, volunteer, be a transportation provider, provide health care, visit, or other for: (List in block 13) Company, Business, Activity, or MWR Club Member, i.e., Bingo, Golf, Dinner Theatre, Cycling, Bowling, Horse Stables, Sportsman's Club, etc.		13. Company / Activity / Club:
Individual in BLK1 does not have a current DoD ID card that allows access to Fort Gordon or Gillem Enclave and requests access in order to better serve as a: (List Position or other purpose in block 14)		14. Position or other purpose:
Individual in BLK1 has been or will start working, volunteering, or other : (List date in block 15)	15. Date:	I, as the GES / GOVREP or BM, anticipate individual in BLK1 to be employed, volunteer, or other thru: (List date in block 16)
		16. Date:

The GES / GOVREP or BM will be responsible for notifying the DES representative when the individual in BLK1 no longer performs the work, volunteers, is a visitor, etc., for: (List company, business, or activity in block 17), i.e., DPW, MWR, NEC, COE, DES, COMMISSARY, AAFES, EFMP, Health Care Provider, etc.)		17. Activity:
(List email of GES / GOVREP or BM in block 18, phone No. in block 19, and if applicable, contract No. in block 20)	18. Email:	19. Phone No.
		20. Contract No:

21. Printed Name of GES / GOVREP or BM:	22. Signature of GES / GOVREP or BM:	23. Date:
24. Signature of authorized DES representative:	25. Date:	26. For Official Use Only: