BACKGROUND CHECK CONSENT FORM



Last Name	First Name	Middle Name
Other Names Used (including maiden or aliases)		Date of Birth
City and State of Birth	Race	_
Social Security Number	Driver License (DL) Number	State DL Issued
Current Street Address	City	State ZIP Code
Cell Phone Number	Marital Status	Spouse's Name (when applicable)
Names of all people 18 years	of age or older residing at this residence (a	all must have B/C checks):
Have you ever been convicted	d of a crime? □ Yes □ No	
	d of a chine:	
If yes, please explain.		
	AUTHORIZATION TO RELEASE INFOR	RMATION
l,	, hereby certify t	hat I understand the purpose of
this background check and gr	rant permission for the use and release of	information as necessary for the purpose
of a criminal background che	ck and driving record.	
Signature		Date