

Background Check Consent Form

I hereby authorize _____ to receive any criminal history on file pertaining to me from any federal, state or local criminal justice agency.

(Print Full Name)

(Signature)

(Date)

(Street Address)

(City)

(State)

(Zip)

*(Sex)
(Number)

*(Race)

*(Date of Birth)

*(Social Security

* The above information is necessary to retrieve criminal history information.