

CONSENT FOR CRIMINAL BACKGROUND CHECK

Your signature below authorizes _____ and Criminal Information Services, Inc. to obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies.

Please complete all information below. Please print.

Full Legal Name: _____ Male _____ Female _____

Current Address: _____

Other Names Used: _____
(Maiden, alias', legal name change, etc.)

DOB: _____ DL#: _____ State: _____

SSN: _____

Previous Addresses in past 7 years: _____

Have you ever been convicted of any crime? Yes _____ No _____

If "Yes," explain: _____

Applicant's signature: I have reviewed and completed this form as applicable to me. I give _____ permission to verify any information I have provided.

This authorization shall continue to be effective until revoked by me. A photocopy or facsimile copy of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate.

Signature of applicant: _____

Signature of witness: _____

Date: _____