

## Permission to Obtain a Background Check

*(This form authorizes the church to obtain background information and must be completed by the applicant. The church must keep this completed form on file for at least two years after requesting a background check.)*

I, the undersigned applicant (also known as “consumer”),  
authorize \_\_\_\_\_ to procure background information about me.  
Your Church Name

This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to \_\_\_\_\_, if such is made within a reasonable  
Your Church Name

time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

**Package # 1:** InstaCheck: Name, Address, Telephone & SSN Verification  
National Criminal File, Multi-state Sex Offender Search

**Price \$12.00**

**Package # 2:** InstaCheck: Name, Address, Telephone & SSN Verification  
National Criminal File, Multi-state Sex Offender Search and Driving Record

**Price \$26.00**

**SELECT PACKAGE FROM ABOVE: PKG #1 \_\_\_\_\_ PKG # 2 \_\_\_\_\_**

Print Applicant Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHURCH STAFF ~ NAME & CONTACT INFORMATION

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**(Revised 10/2010)**

## Identifying Information for Background Information

*Print all information on this document.*

**DO NOT FAX**

Today's Date \_\_\_\_\_  
Month/Day/Year

Print Name: \_\_\_\_\_  
First Middle Last

Other Names Used (alias,maiden,nickname): \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip

**(NOT P.O. BOX)**

Former Address:

Street City State Zip

Social Security Number: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State of Issuance: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Month/Day/Year

**(Revised 10/2010)**