

# 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.

<b>Full Legal Name:</b> _____ <b>Male</b> _____ <b>Female</b> _____
<b>Current Address:</b> _____
<b>Other Names Used:</b> _____ (Maiden, alias', legal name change, etc.)
<b>DOB:</b> _____ <b>DL#:</b> _____ <b>State:</b> _____
<b>Previous Addresses in past 7 years:</b> _____ _____ _____
<b>Have you ever been convicted of any crime?</b> Yes _____ No _____
<b>If "Yes," explain:</b> _____ _____ _____

**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:** \_\_\_\_\_