## **BACKGROUND CHECK CONSENT FORM**

FULL LEGAL NAME:	(FIRST)	(MI	DDLE)	(LAST	)	
OTHER NAMES USED	(nicknam					
DATE OF BIRTH:	//	YYYY				
CURRENT ADDRESS:						
	(HOUSE #)		ress Since (1	(CITY)  month and year	(STATE)	(ZIP)
				j		
PREVIOUS ADDRESS:	(HOUSE #)	(STREET)		(CITY)	(STATE)	(ZIP)
Address From (month and	year):		Address	To (month and	year):	
PREVIOUS ADDRESS:						
	(HOUSE #)	(STREET)		(CITY)	(STATE)	(ZIP)
Address From (month and	year):		Address	To (month and	year):	
PREVIOUS ADDRESS:						
	(HOUSE #)	(STREET)		(CITY)	(STATE)	(ZIP)
Address From (month and	year):		Address	To (month and	year):	
List ALL additional stat	tes lived in	since age 18	and appro	ximate dates	of each residenc	ey:
I hereby authorize the re comprehensive review o requested information to ability. I understand that background report may be	f my backs the fulles t the inform	ground. I ack t extent possi mation provid	knowledge ble and wit led will be	that I have co h 100% accur kept confiden	mpleted the aboracy, to the best tial, but that the	ve of my resulting
Signature:				Date	·	