

Request For Investigative Consumer Report and Conviction/Criminal History Record

Name: _____
(Please Print Clearly) (First) (Middle) (Last)

Social Security Number: _____ Sex: M F Race: _____

Date of Birth: ____/____/____ Place of Birth: _____ Married? Y N
(Month/Day/Year) (County and State, or Country if outside the USA)

Driver's License #: _____ State: _____
Home Phone: _____ Email Address: _____

Other names used **and dates of use** (including maiden name):

1. Name: _____ from ____/____/____ to ____/____/____

2. Name: _____ from ____/____/____ to ____/____/____

Have you ever been convicted of a crime? _____ Yes _____ No If yes, give details (date, crime, location): _____

Current address: _____ How long? _____
Number Street Apartment # City State Zip Code

Previous address: _____ Dates: ____/____/____ to ____/____/____
Number Street Apartment # City State Zip Code From (Mo/Yr) To (Mo/Yr)

If applicable, list all other addresses for the past ten years, starting with the most recent. Be sure to include city, state and county, and the dates you resided there.

<u>Address</u>	<u>City</u>	<u>State</u>	<u>County</u>	<u>From -- To</u>
_____	_____	_____	_____	____/____/____ to ____/____/____
_____	_____	_____	_____	____/____/____ to ____/____/____
_____	_____	_____	_____	____/____/____ to ____/____/____
_____	_____	_____	_____	____/____/____ to ____/____/____
_____	_____	_____	_____	____/____/____ to ____/____/____
_____	_____	_____	_____	____/____/____ to ____/____/____

Signature below authorizes and requests any present or former employer, school, police department, financial institution, division of motor vehicles, or other persons or agencies having personal knowledge about me to furnish bearer with any and all information in their possession regarding me. I give permission that a photocopy of this authorization be accepted with the same authority as the original. The above information is true to the best of my knowledge.

Signature Date

FOR OFFICE USE ONLY:
REQUESTING DEPT: __CM __COMM __SM __AE __PC __MU __OPS __EX __FAC __IC __SG

FOR VOLUNTEERS/STAFF FROM: _____ EFC _____ CBS _____ Mom's Group
_____ VBS
_____ Kids Camp _____ JH Camp _____ SH Camp