First United Methodist Church Broken Arrow

Permission to Obtain a Background Check

(This form authorizes the church to obtain background information and must be completed by the applicant.)

In the interest of safety and security I, the undersigned applicant, authorize **FUMCBA** to procure background information about me, prior to, and at any time during, my service to the organization. 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 **FUMCBA**, if such is made within a reasonable time from the date it was produced.

Signature:_____ Date:_____ Date:_____

(Please keep the top portion of this form on file for up to seven years. The bottom portion may be shredded or given back to the applicant after the report has been ordered.)

Identifying Information for Background Information Agency

Print Name:							
First			Middle		Last		
Other Names used	d (alias, maiden, nickname):						
Current Address:							
	Street/P.O. Box	City	Stat	e Zi	p County	Dates	
Former Address: _							
	Street/P.O. Box	City	Stat	e Zi	p County	Dates	
Social Security Number:			Home Telephone Number:				
Driver's License Number:			State of Issua	ance:	Date of Birth:		Gender: