

Consent for Criminal Background Check

Your signature below authorizes Albany Christian School and Criminal Information Services, Inc. to obtain information about you. (If applicable) from various law enforcement agencies, courts and corrections agencies. **Please present drivers license to office staff.**

Please complete all information below. **Please print.**

Full legal name _____	Male _____	Female _____
Current address _____		
Other names used _____		
(Maiden, alias', legal name change. Etc.)		
Date of birth _____		
Previous addresses in the past 7 years _____		
Have you ever been convicted of a crime? Yes No		
If yes please explain _____		

I have reviewed and completed this form as applicable to me. I give Albany Christian School permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. A photocopy, facsimile or digital 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 to my best knowledge.

Signature of applicant _____ Date _____

APPLICANT DRIVERS LICENSE NUMBER (REQUIRED) _____ State _____

Signature of Witness _____ Date _____