



Consent for Criminal Background Check

Albany Christian School ~ A ministry of Willamette Community Church

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 driver's license to office staff.**

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

Full legal name: _____ Male ___ Female ___
Current address: _____
Other names used: _____ (Maiden, aliases, 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 _____

<u>Criminal Background Check</u>
Approval: _____
Renewal: _____