



~ CONFIDENTIAL ~

## Background Check Authorization

Voucher's Full Name:

Voucher's Phone /Email:

Lodge Petitioning:

Applicant's Full Name:

DOB/ Race & Social Sec #

Driver License # & State

Email address & Phone#

Current Address:

City/State/Zip:

Have you been convicted of a  
Felony?

I hereby authorize **The Most Worshipful Prince Hall Grand Lodge, Jurisdiction of Tennessee, F. & A.M.** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas. Verification of Social Security number; current and previous residences, employment history, education background, character references, civil and criminal history and records derived from any criminal justice system or agency in any or all federal, state, county or city to include birth records, driving records, or any other public records or sources.

I further authorize any individual, company, firm, corporation, or public agency to include law enforcement agencies and the Social Security Administration to divulge any and all information, verbal or written, pertaining to me, to **The Most Worshipful Prince Hall Grand Lodge, Jurisdiction of Tennessee, F. & A.M.** or its agents.

I further authorize the complete release of any records or data pertaining to me which an individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **The Most Worshipful Prince Hall Grand Lodge, Jurisdiction of Tennessee, F. & A.M.** the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively and hold blameless from any and all liability for damages of whatever kind, which may, at any time, result to me, my family, heirs or associates as a result of compliance with this authorization and request to release.

**Privacy Notice:** The information contained in this document is strictly confidential and will not  
be shared with a third party. Copies of this authorization are to be considered as originals.

The information provided and contained in this authorization is true and correct to the best of my knowledge as attested by my signature below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 2020

**\$25 Fee is required with submission of this form**

**\*Do not make any changes to this form\***

Mail this authorization form to:

Most Worshipful Prince Hall Grand Lodge of Tennessee  
P.O. Box 161066, Memphis, TN 38186