

Faith First Academy Authorization for Background Check

I authorize **Faith First Academy** to solicit background information relative to my criminal record history. I understand that **Faith First Academy** may make inquiries into my background that may include motor vehicle records, personal references, criminal records, and any other public record reports pertaining to me.

I authorize, without any reservation, any person, agency, or other entity contacted by [**Faith First Academy**], or their agent, for purposes of obtaining background report information to furnish the above-mentioned information.

I release [**Faith First Academy**], their respective employees, or agents, and employees of their agents and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information.

Please Print

First Name: _____

Middle Name: _____

Last Name: _____

SSN: _____

DOB: _____

Other Name(s) Used: _____

Current Address _____

How long at this address? Years/Months: _____

Previous Address _____

Printed Name: _____

Signature: _____

Date: _____