Permission to Obtain a Background Check

(This form authorizes Faith Lutheran Church, Coon Rapids, to obtain background information and must be completed by the applicant. Faith Lutheran Church must keep this completed form on file for at least two years after requesting a background check.)

I, the undersigned applicant, authorize Faith Lutheran Church, Coon Rapids, through its independent contractor, LexisNexis, to procure background information about me. This report may include my driving history and traffic citations (if volunteering as a driver); a social security number verification; present and former addresses; criminal 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 Faith Lutheran Church, if such is made within a reasonable time from the date it was produced.

Signature _____ Date:_____

Identifying Information for Background Information Agency

Print Name: _____
First Middle Last

Other Names Used: (alias, maiden, nickname):_____

Current Address:_____
Street/PO Box City State Zip Code County Dates

Former Address:_____
Street/PO Box City State Zip Code County Dates

Social Security Number: _____ Date of Birth:_____

Driver's License Number: _____ State of Issuance:_____

Gender:_____ Daytime telephone number: _____