

# Authorization for Background Check

Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First Middle

Previous or Other Names or Aliases Used: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Previous Address: \_\_\_\_\_  
(Within 5 years) Number Street City State Zip

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**By my signature below, I do hereby authorize First Assembly of God, or its appointee, to conduct a criminal background check.** I understand that failure to allow a criminal background check could prevent me from living in the 17<sup>th</sup> Street Student Center.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_