



ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK

Requested Information: (Print)

Legal Name: *First*

Middle Initial

Last

Maiden or Alias Names Used:

Social Security Number:

Date of Birth:

Driver's License Issuing State:

Driver's License Number:

NOTICE AND ACKNOWLEDGEMENT *(Please read before signing)*

I hereby authorize and direct the release of any information concerning: criminal and conviction records; sex offender or abuse registry records; driving records; and other relevant information to Family Life Ministries, Inc. Background checks will be performed by Clear Investigative Advantage LLC, 2801 Network Blvd, Suite 101, Frisco, TX 75034. [Tel: 888-242-2503](tel:888-242-2503) or another outside organization. The scope of this notice and authorization is all-encompassing, allowing Family Life to obtain information both now, and anytime throughout the course of my association with the ministry.

Family Life will not perform background checks on anyone under 18 years of age.

I understand and fully and freely consent to this agreement.

Signature: _____

Date: _____