Christ Central Institute

Permission to Obtain a Background Check

(This form authorizes Christ Central Institute (CCI) to obtain background information and must be completed by the applicant. CCI must keep this completed form on file for at least two years after requesting a background check.)

I, the undersigned applicant (also known as "consumer"), authorize CCI to procure background information (also known as "consumer report and/or investigative consumer repost") about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and 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 CCI, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: _____ **Date:** _____

_____

Identifying Information for Background Information Agency
(also known as "Consumer Reporting Agency")

Please print legibly

Name: _____
First **Middle** **Last**

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: _____ **Daytime Phone Number:** _____

Daytime Phone Number: _____ **Email:** _____

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