



LIFEPOINT CHURCH

CRIMINAL BACKGROUND CHECK

603 New Ludlow Rd, Chicopee, MA 01020
Phone: 413-536-2775 office@lifepoint.online

Permission to Obtain a Background Check - In interest of safety and security I, the undersigned applicant (also known as "consumer"), authorize LifePoint Church through its independent contractor, LexisNexis, to procure background information (also known as a "consumer report and/or investigative consumer report") about me, prior to, and at any time during my service to the organization. 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 the state sex offender record.

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 LifePoint Church, 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.

(Note: LifePoint Church will not be conducting a Credit or Financial Background check)

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

_____	_____	_____
Volunteer Signature	Date	Best Contact Number
_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Maiden Name, Previous marriage last name, Alias, Nickname (If applicable)		* ID Theft Index PIN (If applicable)
_____	_____	_____
Date of Birth	Social Security Number	Place of Birth
_____	_____	_____
Driver's License Number	State of Issuance	Gender
		Mother's Maiden Name

List all other States where you have lived: _____

Current Address: _____
Street/P.P. Box City State Zip Code County Mo./Yr. to Mo./Yr.

Former Address: _____
Street/P.P. Box City State Zip Code County

OFFICE USE ONLY

*THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: Sarah Valente, Office Administrator _____
(SIGNATURE OF CORI AUTHORIZED EMPLOYEE)

