

AUTHORIZATION FORM

During the application process and at any time during my tenure as an employee and/or volunteer with Lakes Free Church, I hereby authorize Lakes Free Church to procure a National Criminal Background report.

All of the information below is required to obtain the report. This information is kept confidential, and no background reports or social security numbers are kept on file.

Date: _____

Name: _____

First

Full Middle

Last

Street: _____

City: _____ State _____ Zip _____

Signature: _____

Date of Birth: _____ Social Security: _____