

# Permission to Obtain a Background Check

*(This form authorizes the church to obtain background information and must be completed by the applicant. The church must keep this completed form on file for at least five years after requesting a background check.)*

In the interest of safety and security I, the undersigned applicant (also known as “consumer”), authorize **Palmetto Presbyterian 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 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 **Palmetto Presbyterian 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Identifying Information for Background Information Agency (also known as “Consumer Reporting Agency”)

Print Name: \_\_\_\_\_  
  First  Middle  Last

Other Names Used (alias, maiden, nickname): \_\_\_\_\_

Current Address: \_\_\_\_\_  
                                    Street /P. O. Box                                    City                                    State                                    Zip Code  County                                    Dates

Former Address: \_\_\_\_\_  
                                    Street /P. O. Box                                    City                                    State                                    Zip Code  County                                    Dates

Social Security Number: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

Driver’s License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_