

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 two years after requesting a background check.)

NOTE: Only students 18 years old and older should complete this form. A different form needs to be completed by parent or guardian of those under the age of 18. Please request that form if it applies to you.

I, the undersigned applicant (also known as "consumer"), authorize Living Waters Church Ocoee, Inc./OHOP through its independent contractor, LexisNexis, to procure background information (also known as a "consumer report and/or investigative consumer report") 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 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 the LWC/OHOP accounting office, 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")

Last Name _____ First _____ Middle _____

Social Security # _____ Email Address _____

Date of Birth _____ Phone # _____ Gender M F

Current Address: Street _____

City/Town _____ State _____ Zip _____

Misdemeanors/Felony Charges:

Charge _____ Charge Type _____ Date of Charge _____

County _____ City/Municipality _____ State _____

Charge Description -

Any additional charges, please provide information on back.

Valid Drivers License # _____ State Issued _____

Aliases/Other Names: (Please list all)

Last	First	Middle
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mother's Maiden Name _____

Previous Addresses: (For at least 7 years)

Street Address	City/Municipality	State	Dates(from /to_
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____