



PO Box 1146 Gleneden Beach, OR 97367  
(541) 614-0964  
[www.familypromiseoflincolncounty.org](http://www.familypromiseoflincolncounty.org)

## CONSENT FOR CRIMINAL BACKGROUND CHECK

Your signature below authorizes Family Promise of Lincoln County and Criminal Information Services, Inc. to obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies.

**Please complete all information below. Please print.**

Full Legal Name: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Current Address:

\_\_\_\_\_

Other Names Used:

\_\_\_\_\_

(Maiden name, alias', legal name change,  
etc.)

DOB: \_\_\_\_\_ DL#: \_\_\_\_\_ State:

\_\_\_\_\_

Previous Addresses in past 7 years:

\_\_\_\_\_

\_\_\_\_\_

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Have you ever been convicted of any crime? Yes \_\_\_\_\_ No

If "Yes," explain:

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**Applicant's signature:** I have reviewed and completed this form as applicable to me. I give Family Promise of Lincoln County permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. A photocopy or facsimile copy of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate.

**Signature of applicant:**

**Signature of witness:**

**Date:**

Building community,  
strengthening lives.