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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: _____ _____ _____
Have you ever been convicted of any crime? Yes _____ No _____
If "Yes," explain: _____ _____ _____

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: _____