Kroll
The Risk Consulting Company
Kroll Background America, Inc.

## Permission to Obtain a Background Check

("Notice, Authorization and Release for the Procurement of a Consumer and/or Investigative Consumer Report")

*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.*

I, the undersigned applicant (also known as "consumer"), authorize Trinity Baptist Church through its independent contractor, Kroll Background America, Inc. ("KBA"), to procure background information (also known as a "consumer report and/or investigative consumer report") about me. I understand that this authorization and release is valid for future background information requests during my period of service with Trinity Baptist Church for the purpose of investigating any incidents of workplace misconduct or criminal activity for which I am alleged to have been involved during my service. These above-mentioned reports may include my driving history, including any traffic citations; a social security number trace; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency that may have relevant information to disclose it to Trinity Baptist Church through KBA, including any courts, public agencies, law enforcement agencies and credit bureaus.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my written request to KBA, 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")**

Printed Name: _____
First Middle Last

Other Names Used (alias, maiden, nickname): _____

Years Used: _____

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_____

***** **This information will enable us to properly identify you in the event we find adverse information during the course of our background search.**

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