PROVIDENCE
UNITED METHODIST CHURCH

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)

I, the undersigned applicant (also known as "consumer"), authorized Providence United Methodist Church, through its independent contractor, LexisNexis, to procure background information (also known as "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 Providence United Methodist 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: _____

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/PO Box City State Zip Code County Dates

Former Address: _____
Street/PO Box City State Zip Code County Dates

Social Security Number_____ Home Telephone Number _____

Date of Birth _____ Gender _____

In what ministry will you be serving (Children, Youth, Preschool)?_____