

POLICE CHECK

18 & Over

NAME OF POLICE DEPARTMENT _____

DATE _____

To Whom It May Concern:

Please do a complete background check on the following:

MAIDEN NAME _____

PRESENT ADDRESS _____

PREVIOUS ADDRESS _____

HOME PHONE NO. _____

WORK PHONE NO. _____

SOCIAL SECURITY NO. _____

BIRTH DATE _____

SEX _____

I, THE UNDERSIGNED, HEREBY AUTHORIZE THE _____
DIVISION OF POLICE TO RELEASE ANY CRIMINAL OR TRAFFIC RECORDS
I MAY HAVE WITH THEIR DEPARTMENT TO ABILITIES FIRST.

SIGNED _____ DATE _____