

Criminal History Check Authorization

NAME (PRINT LAST/FIRST/MI)	D.O.B.	DATE:
LAST KNOW ADDRESS:	CITY:	STATE/ZIP CODE
S.S.N.:	MAIDEN NAME:	ALIAS:

I HEREBY AUTHORIZE THE RELEASE OF ANY AND ALL CRIMINAL HISTORY INFORMATION
MAINTAINED ON ME TO FAIRVIEW MANOR

NAME (PRINT LAST/FIRST/MI)

SIGNATURE

Please note that the information obtained in the criminal background check may be used to determine employment.