

# Permission to Obtain a Background Check

(This form authorizes the church/NC District to obtain background information and must be completed by the applicant.)

I, the undersigned applicant (also known as "consumer"), authorize \_\_\_\_\_  
*insert church name*  
through its independent contractor, First Advantage, to procure background information (also known as a "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 \_\_\_\_\_,  
*insert church name*  
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: \_\_\_\_\_

NAME OF MY CHURCH \_\_\_\_\_

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## Identifying Information for Background Information Agency (also known as "Consumer Reporting Agency") please print your info below clearly

Print Name: \_\_\_\_\_  
First Middle Last Jr./Sr., etc.

Other Names Used (alias, maiden, nickname): \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street /P. O. Box City State Zip Code Dates

Former Address: \_\_\_\_\_  
Street /P. O. Box City State Zip Code Dates

Social Security Number: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_

**Please mail this form and \$12.00 check to: NC Nazarene District Office 10801 Johnston Rd. Suite 115 Charlotte, NC 28226**  
**Make check payable to: NC Nazarene District**