

# ***Criminal History Record Check Consent Form***

The purpose of this form is to verify that the applicant understands and consents to the criminal history record check process completed by Lifespan.

1. Applicant must complete all fields on this form. Please print legibly.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

If you have ever been known by another name, please list all other names and dates of use:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Street Address or PO Box: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

By signing this consent form I certify that the information given by me is true, accurate and complete. I am acknowledging that I understand Lifespan's policy on criminal background checks and I hereby give my consent for Lifespan to obtain such information. I release from all liability anyone supplying such information and I also release Lifespan from all liability that might result from making an investigation.

Signature: \_\_\_\_\_

\_\_\_\_\_  
RSVP Staff Use:

Background check performed (date): \_\_\_\_\_

Signature of person performing background check: \_\_\_\_\_