

AUTHORIZATION FORM FOR CRIMINAL BACKGROUND CHECK This form is to be completed by all applicants serving in any position involving the supervision or custody of minors. It will be used to help the school provide a safe and secure environment for those children who participate in our programs and use our facilities.

| Name: First | Middle | Last | | |
|---|--------------------------|-----------------------------|-----------------|---------|
| Maiden Name (or other names use | ed) | | | |
| Social Security Number | / | Date of Birth | / | / |
| Gender: Male Female | Ph | one Number | | |
| Driver's License Number | | DL State | | |
| Email Address | | | | |
| Address | | | | |
| Street | | City | State | Zip |
| | es, please explain | of, or pled guilty or no co | | |
| Please list your child(ren)'s names | and grade(s) or reason f | or volunteering at Corner | stone Christian | Academy |
| I authorize Cornerstone Christian Abackground. This form allows Coinformation in this release form is | rnerstone Christian Acad | lemy to maintain a curren | • | |
| Signature | | Date | | |