

Congregation Name: _____

Congregation Leader to receive results: _____ Date: _____

Background Check Disclosure

As part of the background check process, the Alaska Synod of the Evangelical Lutheran Church in America, will obtain a report, which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living.

Authorization

I hereby authorize First Advantage, on behalf of the Alaska Synod of the Evangelical Lutheran Church in America, to procure a report, which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, court record repositories, departments of motor vehicles, educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

*Signature_____
*Date_____
Printed *First Name_____
Middle Name_____
*Last Name_____
Maiden Name (if applicable)_____
Previous Names (if applicable)_____
*Date of Birth

Male _____ Female _____

*Social Security Number_____
Phone_____
*Physical Street Address_____
*City, State, and Zip**required information*

Please mail the original form to the Synod office. If you would like a copy of the report mailed to you, please initial here. _____

Mailing address if different from physical address