Springfield Baptist Church Night to Shine Background Check Permission Form

Date:			5
LAST NAME	FIRST NAME		MIDDLE
Please List Other Names Use	ed		
HOME ADDRESS			
CITY	_COUNTY	STATEZIP	
SSN	D/L or STATE ID	/	STATE ISSUED
EMAIL ADDRESS			

The information contained in this application is correct to the best of my knowledge. I authorize the churches listed in this form to release all such information. I hereby give Springfield Baptist Church permission to complete criminal background check(s) on me.

Applicant's Signature: _____