CRIMINAL HISTORY RECORD INFORMATION CONSENT FORM

I hereby authorize the **Kilpatrick Baptist Association** to have **LexisNexis**, to receive any criminal history information pertaining to me, which may be in the files of any National, State or Local criminal justice agency and release all such information obtained to the Kilpatrick Baptist Association.

Today's Date: _				
Print your FIRST name:			Middle Initial/N	Name:
LAS	T name:			
List any maider Other Last nam Other First nam Other Middle Ir	e: ie:	ias:		
Sex:	(M/F)	Date of Birth:		_(DD/MM/YYYY)
List any other S	SS#'s you ha	ve used:		-
Your present str	reet number	#:	Street Name:	
City:		State:	Zip:	
County:		Phone number	:	
SS# (no dashes	or hyphen	s):		
		Offi	ce use only	
Date:		Reply:		Initials
		Order #:		