



Criminal History Record Information Request

(All information requested is required to obtain the background screen. This application will be shredded upon completion of the background check.)

PLEASE PRINT

Full name (include maiden name) _____

Address: _____

City _____ State _____ Zip: _____

Date of Birth: _____ (MM/DD/YYYY)

*Drivers License Number _____ State of issue _____

*Social Security Number: _____ Contact number: _____

Signature: _____ Date: _____

I hereby give permission to The Carpenter's Hope to perform a criminal background screen including sexual harassment and sexual predatory records using the above information. I understand the results could eliminate me from participation in any TCH sponsored recovery events.