

# BACKGROUND CHECK DISCLOSURE

## The General Council of the Assemblies of God

*Fill in the form electronically (TAB from field to field), and print it. Or print a hardcopy to be completed.*

I, \_\_\_\_\_, hereby authorize The General Council of the Assemblies of God (Assemblies of God) and/or the \_\_\_\_\_ District to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for credentialing now and, if applicable, during the tenure of my credentials with the Assemblies of God.

I release the Assemblies of God and/or the \_\_\_\_\_ District and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

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Full Legal Name (Printed or typed)

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Name as it appears on your driver's license (Printed or typed)

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Maiden Name or Other Names Used (Printed or typed)

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\*Date of Birth

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Social Security Number

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Signature

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Date

*\*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for credentialing.*

If you would like to receive a copy of your background report, please contact the LexisNexis Consumer Center at 800.845.6004.