

Criminal History Check Authorization

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|----------------------------|--------------|----------------|
| NAME (PRINT LAST/FIRST/MI) | D.O.B. | DATE: |
| LAST KNOW ADDRESS: | CITY: | STATE/ZIP CODE |
| S.S.N.: | MAIDEN NAME: | ALIAS: |
| | | |

I HEREBY AUTHORIZE THE RELEASE OF ANY AND ALL CRIMINAL HISTORY INFORMATION
MAINTANINED ON ME TO FAIRVIEW MANOR

NAME (PRINT LAST/FIRST/MI)

SIGNATURE

Please note that the information obtained in the criminal background check may be used to determine employment.