

# Background Check Clearance

Date Issued:

To Whom It May Concern,

This is to certify that  has successfully completed a background check with our agency. Based on the information available as of the date stated above, the individual named has no disqualifying criminal record.

**Full Name:**

**Date of Birth:**

**Identification Number:**

If you require further information, please contact our office.

Sincerely,

Authorized Officer

---

This document is confidential and intended solely for background verification purposes.