

Authorization to Conduct Criminal Background Investigation

I hereby authorize **[Company/Organization Name]** to conduct a criminal background investigation in connection with my application for employment, volunteer service, tenancy, or other purpose as deemed necessary by the organization.

Full Name:

Date of Birth:

Current Address:

Social Security Number (last 4 digits):

By signing below, I certify that the information provided is true and correct to the best of my knowledge, and I authorize the above organization to conduct a thorough background check as described above.

Signature:

Date: