

CRIMINAL HISTORY BACKGROUND CONSENT FORM

Name _____

(first)

(middle)

(last)

Social Security # _____

DL# _____ State _____

Permanent Address _____

City _____ State _____ Zip _____

DOB (MM/DD/YYYY) _____

I authorize the Athens YMCA Camps to complete a criminal background check including criminal history record, state sex offender registry, and department of motor vehicles checks.

Signature: _____

Date _____

Printed Name: _____

Office Use Only:

Date Check Ran	Agency	Director Approval