

Background Check Inquiry Authorization Release

1. I understand that investigative reports may be generated on me that may include information as to my criminal or civil record history. I understand that backgroundchecks.com, on behalf of the Virginia District Church of the Nazarene, may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with the Virginia District's consideration of me for district licensing and/or ordination at any time during my tenure with the Virginia District Church of the Nazarene, and give my full consent for this information to be obtained. I further understand that the Virginia District Advisory Board and the Virginia District Ministerial Credentials Board may be granted access to this information, at the discretion of the District Superintendent. This information is confidential and will not be used for any other purpose.
2. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.
3. I hereby authorize any agency or organization contacted by backgroundchecks.com to furnish the information described in paragraph 1. I understand that I have rights to a copy of the report if it adversely affects my licensing or ordination. I further understand that I may have additional rights per the Fair Credit Reporting Act.
4. Communications with backgroundchecks.com should be directed to PO Box 353, Chapin SC 29036 or (866) 300-8524.

CANDIDATE COMPLETE THE FOLLOWING:

_____ Signature		_____ Today's Date	

Print Name: (First)	(Middle)	(Last)	(Maiden)

Other Names Used			

Current Address Since: (Mo/Yr)	(Street)	(City)	(State/Zip)

Phone: *	Email: *	* for Virginia District contact purposes only	

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

_____ Date of Birth	_____ Social Security Number
_____ Driver's License Number and State	_____ Name as it appears on License

Have you ever been convicted of a crime? No Yes If yes, please provide city and state of conviction and details of conviction.

FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, backgroundchecks.com cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. backgroundchecks.com's policy requires purchasers of these reports to have signed a Service Agreement. This assures backgroundchecks.com that users are familiar with and will abide by their obligations, as stated in the FCRA, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the Candidate/employee contact backgroundchecks.com.