

**Must be in 2 weeks prior
to your week of camp!**

FOR CAMP USE	
ORDER ID: _____	
RESULT: _____	REVIEWER: _____
COMMENTS: _____	

PERMISSION TO OBTAIN A BACKGROUND CHECK

*This form gives permission to obtain background information and must be completed by the applicant.
The completed form must be kept on file for at least five years after requesting a background check.*

I, the undersigned applicant (also known as "consumer"), authorize **FLORIDA BAPTIST YOUTH ENCAMPMENT (aka - Florida State Missionary Baptist Foundation, Inc.)** through its independent contractor, LexisNexis, to procure background information (also known as "consumer report and/or investigative consumer report") about me, prior to, and at any time during, my service to the organization. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to authorize **FLORIDA BAPTIST YOUTH ENCAMPMENT (aka - Florida State Missionary Baptist Foundation, Inc.)**, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: _____ Date: _____

Church Affiliation: _____

Identifying Information for Background Information Agency

**** Please LEGIBLY print all information ****

Name: _____
FIRST MIDDLE LAST

Other Names Used (alias, maiden, nickname): _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Gender: _____ Daytime Telephone Number: (____) _____ - _____

Current Address: _____
Street / PO Box City State Zip Code Dates

Previous Address: _____
Street / PO Box City State Zip Code Dates

Driver's License Number: _____ State of Issuance: _____