



Background Release Form

All areas must be filled out and signed or this application may be returned!

I, the undersigned applicant, authorize the Church of God of Prophecy through its independent contractor to procure background information. This report may include but is not limited to my driving history, including any traffic citations; present and former addresses; criminal and civil history/records; and state, county and national 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 the Church of God of Prophecy, if such is made within a reasonable time from the date it was produced.

Signature: _____ Date: _____

Print Full Name: _____

Date of Birth: _____

Gender: _____

Phone Number: _____

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

Current Street Address: _____

Former Street Address: _____

Mail To:

**Church of God of Prophecy
P.O. Box 370
Lizella, GA 31052**