

Authorization For Distribution of Records & Background Check

Name (First, Middle, Last): _____ DOB _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Collin Email: _____

Social Security# _____

DL# _____

Current Address: _____

Previous Addresses (Last 7 yrs.):

Any other names I have been known by (including maiden name):

