

**AUTHORIZATION FOR ACCESS TO  
CRIMINAL BACKGROUND HISTORY**

The undersigned hereby authorizes the Missouri Baptist Convention/Partnership Missions to review and obtain from any consumer-reporting agency any and all records, documents or other information concerning my criminal background history. A Photo static copy of this authorization shall be considered as effective and valid as the original.

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Name (Last)

First

Middle

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Physical Address (PO Box will not work)

City

State

Zip

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Date of Birth

Phone Number

Social Security Number

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Signature

Date