



Authorization Form to Check Criminal Record

I, _____ (first, middle and last name of applicant), the undersigned, authorize **Sitar Arts Center** to obtain information pertaining to any charges and/or convictions I may have had for federal and state criminal law violations to determine if I meet the standards for the position of _____ (actual title of the job or volunteer position within the organization). This information will include but not be limited to allegations and convictions for crimes committed upon minors and will be gathered from any law enforcement agency of this state, or any state or federal government to the extent permitted by state and federal law.

Signed _____ Date _____
(applicant's normal signature) (month/day/year applicant signed this form)

Supervisor _____
(printed name) (signature)

Personal Data *(Please attach a copy of your driver's license to this document or show document to supervisor listed above.)*

Name of Applicant _____
(first, middle, last)

Social Security No. _____

Driver's License No. _____ State of Issuance ____ Expiration Date _____
(copied directly from applicant's license)

Date of Birth: _____
(month/day/year)

Current Address: _____

Other Addresses within the past 5 years: _____