BACKGROUND VERIFICATION DISCLOSURE AND AUTHORIZATION FORM

During the application process and at any time during the tenure of my service with St. Paul Community UMC Student/Children's Ministries, I hereby authorize ChoicePoint Services, Inc., 1000 Alderman Drive, Alpharetta, GA, 30005, on behalf of Northern Lights Chrysalis to procure a consumer report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Please complete the following to ensure a complete and accurate report:

(Please print clearly)

_____ _____
Full Name (First, Middle & Last) Other/Maiden Name (s)

_____ _____
Address (Street location) Phone Number

_____ _____
City, State & Zip Code Current County of Residence

_____ _____ _____
Social Security Number Sex Date of Birth

_____ _____ _____
Driver's License Number State Expiration Date

_____ _____
Signature Date