

PERMISSION TO DO
CRIMINAL BACKGROUND CHECK

I, _____, give Covenant Academy permission to do a background check for the purpose of working with/chaperoning students.

Name: _____
First Middle Maiden Last

Date of Birth: _____

Address: _____
Street address

City State Zip

Social Security #: _____

Email address: _____

Date: _____

Signature: _____

PLEASE TURN IN THIS COMPLETED PERMISSION FORM (ORIGINAL REQUIRED) WITH A COPY OF YOUR DRIVERS LICENSE.

Background checks will remain on file for one year.

Student Name:	Grade:
_____	_____
_____	_____
_____	_____