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## Background Check Release

By signing below I authorize Lifehouse, Inc. to conduct a criminal history background check.

\_\_\_\_\_  
FULL LEGAL NAME (First, Full Middle Name, Last Name)

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
RACE

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER

\_\_\_\_\_  
ISSUING STATE

\_\_\_\_\_  
OTHER OR FORMER NAMES (AKA, Maiden names, Married Names, Surnames, Etc.)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

*This information will be used for background screening purposes only.*

2/24/15 JS