

CONSENT TO PERFORM CRIMINAL HISTORY/ DRIVER'S LICENSE BACKGROUND CHECK TENNESSEN WARNING

Print Full Name	(First)	(Full Middle)		(Last		
F	Print Maiden / Pr	evious Na	me(s) and/or Aliase	es		
Residing at						
	(Address)		(City)	(State)	(Zip Code)	
Driver's License No. / State				Phone Number		
Cell Phone Number				E-Mail		
Date of Birth				Place of Birth		
application. I understand that documents unless revoke this conse	my records are s otherwise prov nt at any time exc	subject tided for beept to the	to the State Data For state or federal late extent that action heatically as describe	Practices Act and aw. I also under as been taken in	d become public	
	This authori	zation is v	alid for six (6) mont	ths from the date	indicated below	
			Signature of above	e individual autho	rizing release	
Subscribed and s	worn before me	this				
day of		_, 20	<u>.</u>			
(Nc	otary Public)					

My commission expires _____