

## Release and Residential History Form Criminal Background & Sexual Offender Check

Please complete the following form and provide a minimum of 7 years of residential history. All these records are held as highly confidential and will not be released to any organization or individual.

Legal Name	Date of Birth			
Legal Name first middle				
Maiden/Other name		SS# <sub>.</sub>		
Year your maiden/other name was last used				
I hereby authorize Children's Disaster Serv		information no	 rtaining to my h	ackaround
including a criminal history check and a sex				
hereby fully release and discharge the Chu				
authorized representatives of the program of				s and damages
arising out of or relating to any investigation	n of my background fo	or said purpose	es.	
** Signature:	Date			
Residential History - Please list each place	you have lived for the	e last 7 years.		
(1) Current Address		Dates/Fro	om	_ To
City	State	Zin	County	
Ony	State	Ζιρ	County	
(2) Previous Address		Dotos/Er	om	To
	Dates/F10III			_ 10
City	Stata	7in	County	
City	State	Zip	County .	
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(3) Previous Address		Dates/F	rom	10
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City	State		County .	
(A) Describer Address	Dotos/From To			
(4) Previous Address	Dates/From To			
City	Ctata	7in	Country	
L 1137	State	7 1(1)	L.OHINTV	

\*\* Make sure all parts of this form are completed and that you have signed the release section. When completed, return this form to Children's Disaster Services (address below)

When we talk about background checks, many ask about "paying it forward." This is one example of our many expenses that enable the program to continue. The average cost nationally is \$30, but we gratefully accept donations of any size. If you like, you can include a check with this form payable to:

Children's Disaster Services 601 Main Street, P. O. Box 188 New Windsor, MD 21776 - 0188

410-635-8734 Fax: 410-635-8739

Email: <a href="mailto:CDS\_gb@brethren.org">CDS\_gb@brethren.org</a>