

# CONSENT FOR CRIMINAL BACKGROUND CHECK

Your signature below authorizes Keisho Japanese School of Portland and Criminal Information Services, Inc. to obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies.

Please complete all information below. Please print.

<p><b>Full Legal Name:</b> _____ <b>Male</b> _____ <b>Female</b> _____</p> <p><b>Current Address:</b> _____</p> <p><b>Other Names Used:</b> _____ (Maiden, alias', legal name change, etc.)</p> <p><b>DOB:</b> _____ <b>DL#:</b> _____ <b>State:</b> _____</p> <p><b>Previous Addresses in past 7 years (County and State only):</b> _____ _____ _____ _____</p> <p><b>Have you ever been convicted of any crime? Yes</b> _____ <b>No</b> _____</p> <p><b>If "Yes," explain:</b> _____ _____ _____</p>
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**Applicant's signature:** I have reviewed and completed this form as applicable to me. I give Keisho Japanese School of Portland permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. A photocopy or facsimile copy of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate.

**Signature of applicant:** \_\_\_\_\_

**Signature of witness:** \_\_\_\_\_

**Date:** \_\_\_\_\_