



TRINITY

BIBLE COLLEGE & GRADUATE SCHOOL

Background Check Authorization Form

Trinity Bible College and Graduate School reserves the right to conduct background checks of students for security purposes. All information will be kept strictly confidential.

Name (Last, First, MI): _____

Have you ever used any other name(s)? If so, please list all: _____

Current Address: _____
Number & Street City State Zip

Permanent Address: _____
Number & Street City State Zip

Date of Birth: _____ Social Security Number: _____
(month/day/year)

Have you ever been arrested or convicted of any criminal offense(s)? Yes No

If yes, please explain the charges, verdict, and circumstances: _____

Date of Offense(s): _____
(month/day/year)

State of Offense(s): _____ County of Offense(s): _____
(month/day/year)

Note: Answering "yes" to any of these questions does not automatically disqualify you as an applicant nor does it automatically disqualify you from participating in Student Ministries.

I hereby authorize Trinity Bible College and Graduate School to make an independent investigation of my background and criminal or police records. I release Trinity, and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above sources. I agree to waive any right to bring legal action against Trinity or the background check agency for the disclosure of such information. The information contained on this form is correct to the best of my knowledge.

Signed: _____ Date: _____

If applicant is under the age of 18, a parent or legal guardian must sign below for authorization.

Signed (Parent or Legal Guardian): _____ Date: _____