



Consent to Criminal Background Check

I _____, born _____, give my consent to
Print Name D.O.B.

Bridges Child Placing Agency, LLC. to conduct a background check of my criminal history. I understand that the results of this background check will be kept confidential and will not be released without my further consent.

Signature

Date

If the person signing this form is under the age of 18, a parent/guardian must also sign this form.

Parent/Guardian Signature

Date

PLEASE ATTACH A COPY OF YOUR SOCIAL SECURITY CARD AND DRIVER'S LICENSE