



**CECELIA DUNLAP GRAND CHAPTER
ORDER OF EASTERN STAR OF KENTUCKY INC, PHA**



**CONSENT FOR CRIMINAL BACKGROUND CHECK
AUTHORIZATION/WAIVER FORM**

I hereby give permission for the Cecelia Dunlap Grand Chapter Order of Eastern Star of Kentucky, Inc., PHA and its representatives to obtain information relating to my potential criminal history record. The criminal history background check may include arrest and conviction date(s) as well as plea agreements, and sexual misconduct. I understand this information will be used in part to determine my eligibility for admission into a subordinate Chapter within this organization. I also understand that I will have an opportunity to review the criminal history as reported of any problems or concerns regarding information received.

PLEASE PRINT

Name: _____ Last First Middle
Other Names Used: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Date of Birth (Month/Date/Year): _____
Social Security Number: _____
Phone Number: _____
Have you ever been convicted of a felony? Yes _____ No _____
If yes for what: _____

Please Return to: MWPHGL of Kentucky, Inc.
P.O. BOX 11839
Louisville, KY 40251-0839
(502) 772 - 0355 Fax

I hereby affirm that all the information provided on the petition and waiver is true and correct.

Signature of Applicant

Date