



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**