Cecelia Dunlap Grand Chapter, OES of KY, INC., PHA CHAPTER NAME & NO.



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\TYPE

Last	First		
Other Names Used:			
Street Address:			
	State:		
	/Day/Year):		
Social Security Numb			
Have you ever been c			

Please Return to: P.O. BOX 11839 Louisville, KY 40251-0839 (502) 776 - 5544 (502) 772 - 0355 Fax

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