

Columbia Theological Seminary

CRIMINAL HISTORY CHECK

My signature below authorizes the above company to receive any criminal history record information pertaining to me, which may be on file at any state or local criminal justice agency in the State of Georgia.

Full Name (printed)

Date of Birth

Home Address

Sex

Race

City, State Zip

Height

Social Security Number

Signature

Date

State of Georgia
County of DeKalb

On _____, 20_____, _____
personally appeared before me,

- ____ who is personally known to me
- ____ whose identity I proved on the basis of
- ____ whose identity I proved on the oath/affirmation of
a credible witness

To be the signer of the above instrument, and he/she acknowledged that he/she signed it.

SEAL

Notary Public

My commission expires _____