

Columbia Theological Seminary

CRIMINAL HISTORY CHECK

My signature below authorizes Columbia Theological Seminary to receive any criminal history record information pertaining to me, which may be on file at any state or local criminal justice agency.

Print Name: _____
 First Middle Last

Former Name(s) and Dates Used: _____

Current address (since _____):

Street City, State Zip Code

Previous Address (dates _____): (if less than 7 years)

Street City, State Zip Code

Previous Address (dates _____):

Street City, State Zip Code

Social Security Number: _____ Sex: _____

Date of Birth: _____ Race: _____

Signature Date

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