



COMMUNITY SERVICE COUNCIL

Veterans Treatment Court

transforming lives

Background Check Permission Form

Full Legal Name _____ Maiden Name _____

SSN # _____ Date of Birth _____ Sex _____

Drivers License # _____

Recent address: _____

Length of stay: _____

Former addresses in the past five years including length of stay:

1. _____

2. _____

3. _____

4. _____

I hereby allow the Tulsa Courts Programs to perform a background check, including:

- Criminal records
- Volunteer Experience
- Military Service
- Personal references

I understand that all information collected during the background check will be kept confidential.

I understand that I do not have to agree to this background check, but refusal to do so may exclude me from consideration as a Veterans Treatment Court Mentor.

I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability for the mentor position, and other such information as they deem appropriate to this role.

Signed

Date