LEWIS UNIVERSITY
NAME BASED ILLINOIS CRIMINAL BACKGROUND CHECK FORM
CONSENT FORM

NOTE: All "Engaging Stories" participants over 18 years old, Teens & Adults, must complete this form by May 1, 2024.
NOTA: Todos los participantes de "Engaging Stories" mayores de 18 años de edad deben completar esta forma antes del 1 de mayo de 2024.

Date | ___/___/_____

Last Name| **First Name |** **Middle Name |**

_____ _____ _____

Maiden Name | **Date of Birth |**

_____

I hereby authorize Lewis University to conduct a criminal background check on my behalf.

_____ _____ _____

Print Name (*Nombre*) **Signature (*Firma)*** **Date (*Fecha)***

_____ _____ _____

Street Address (*Direccion)* **City/State (*Ciudad/Estado*)** **Zip (*CódigoPostal)***

Request Made By: **Date:**

_____ ___/___ / _____

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