

Authorization to Conduct Sexual Criminal Background Check

Name

Last

First

Middle

Other Names Used

Dates of Use

from _____ to _____

from _____ to _____

Home Address

Street

City

State

Zip Code

Date of Birth

Registered Sex Offender

☐ I am NOT registered as a sex offender in any jurisdiction

☐ I am registered as a sex offender in the following jurisdiction(s): _____

☐ I am registered as a sex offender in the following country(ies): _____

The below signatory hereby certifies that 1) all information contained on this Form is true, accurate and complete in all respects; 2) the JIFF may rely on this authorization to order sexual criminal background reports without asking me for my authorization again.

Signature

Date (date, month, year)

※ Please submit a scanned PDF file with signature or insert an image of your handwritten signature