

# Criminal History Record Check Consent Form

## Newpoint Partnership Inc

File: Criminal History Consent Form.docx

11/15/2021

I hereby authorize Newpoint Partnership Inc to have a records search performed and to receive any criminal history record information pertaining to me which may be in the files of any federal, state or local criminal justice agency.

Full Name: (Please Print)

\_\_\_\_\_

Complete Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sex:

Male

Female

Date of Birth:

\_\_\_\_\_

City/State of Birth:

\_\_\_\_\_

Race:

\_\_\_\_\_

Social Security Number:

\_\_\_\_\_

This authorization is valid for 90 days from date of signature.

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_