



Criminal Background Information Release

I, _____ authorize the Family Promise of St Tammany Executive Director to contact agencies to secure a criminal background check and warrants check for the purposes of screening for their program.

State ID: _____
Birthdate: _____
Sex: _____
Race: _____
Social Security# _____

Name of Guest (Printed): _____ Date: _____

Guest Signature: _____ Date: _____

Name of STFP Staff (Printed): _____ Date: _____

STFP Staff Signature: _____ Date: _____