

Requesting Group: *Alaska Synod Bishop Election Committee*

Leader to receive results: *Bishop*

Date: _____

Background Check Disclosure

As part of the background check process, the Alaska Synod of the Evangelical Lutheran Church in America, will obtain a report, which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living.

Authorization

I hereby authorize BackgroundDirect, on behalf of the Alaska Synod of the Evangelical Lutheran Church in America, to procure a report, which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, court record repositories, departments of motor vehicles, educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

*Signature

*Date

Printed *First Name

Middle Name

*Last Name

Maiden Name (if applicable)

Previous Names (if applicable)

*Date of Birth

Male _____ Female _____

*Social Security Number

Phone

*Physical Street Address

*City, State, and Zip

**required information*

Please Fax to 907-274-3141, or email this form to aksynodbishop@gmail.com
Please mail the original form to the Synod office. If you would like a copy
of the report mailed to you, please initial here. _____

Mailing address if different from physical address