HENRY'S SIDING RESTORATION

(903) 831-3987
FAX: (903) 832-5944

CRIMINAL HISTORY AUTHORIZATION

Last Name | First Name | MI | Jr./Sr. etc.

Social Security Number ___ - ___ - ___ | Driver's License Number | State

Birth Date(mm/dd/yy) ___ / ___ / ___ | Sex(Check One) ( )Male ( )Female

Current Street Address

City | State | Zip

City	State	From (mm/yy)	To (mm/yy)	Last Name(at time listed)
		/	/	
		/	/	
		/	/	
		/	/	
		/	/	

Have you ever been convicted of a criminal offense: ( ) Yes ( ) No

If yes, please indicate the year, location, and type of offense:

Location: (City/State)	Offense:	Last Name:	Year:

I hereby authorize Henry's Siding Restoration to obtain criminal history information on me. This authorization does not authorize the release of information for public use. I understand that the information I am providing about age, sex, and ethnicity will be used solely for the purpose of obtaining criminal history information only.....

Signature of Applicant _____ Date _____