

AUTHORITY FOR RELEASE OF INFORMATION

I authorize Covenant Academy, The Chapman Corporation and their agencies to perform a background check. With this request I authorize all corporations, and law enforcement agencies to release information about my background to the person or company with which this form has been filed, or their agent. I am aware that this form releases the aforesaid companies from any liability and responsibility for collecting the above information.

Full name (First, Middle, Last)

Maiden Name/Other Last Names

Date of Birth

Social Security Number

List all addresses for the last 7 years. List current address first.

Address 1:

City _____

State _____

Zip Code _____

Address 2:

City _____

State _____

Zip Code _____

Signature

Date