



KCILC Consent Form: Release of Information for a Criminal Background Check

I understand that the Tuba City Regional Health Care Corporation (TCRHCC) will use the services of SterlingONE, RealPage and/or National Credit Reporting to perform a Criminal History Background Check as part of the procedure for processing my application for housing at Kaibeto Creek Independent Living Center.

I understand that the SterlingONE, RealPage and/or National Credit Reporting will conduct an investigation that will search for criminal records.

I also understand that before I am denied housing based on information obtained in the report, I will receive a copy of the report by contacting SterlingONE, RealPage or National Credit Reporting. I understand if I disagree with the accuracy of any information in the report, I must notify TCRHCC Housing Department within five (5) business days of receipt of the report. If I notify TCRHCC Housing Department within this time, I will have a reasonable opportunity to address the information contained in the report.

I understand that the information contained in the Criminal History Background Check will be available to those persons involved in making housing assignment decisions or performing the background investigation, and that this information will be used for the purpose of making any housing assignment.

I hereby consent to the Criminal History Background Check as described above, and authorize TCRHCC to procure reports concerning my background as stated above and with the information provided below.

Applicant's Signature

Date

PLEASE TYPE OR PRINT LEGIBLY

FULL LEGAL LAST NAME		LEGAL FIRST NAME		MIDDLE NAME <i>(not former maiden name)</i>	
ALIAS NAME / MAIDEN NAME		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
MAILING ADDRESS		CITY		STATE	ZIP CODE
				DAYTIME PHONE NUMBER	
<input type="checkbox"/> State Driver's License # or <input type="checkbox"/> State Issued ID Card #		Licensed State		Expiration Date	
Licensure / Certification Cards:		Type of License	Licensed State	Expiration Date	
License / Certification #					
License / Certification #					
License / Certification #					
RACE:		SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male		EMAIL ADDRESS:	
<input type="checkbox"/> American Indian or Alaskan Native (I) <input type="checkbox"/> Black (B)		HEIGHT: _____			
<input type="checkbox"/> Hispanic (H) <input type="checkbox"/> Asian/Pacific Islander (A) <input type="checkbox"/> White (W)		WEIGHT: _____			
EYE COLOR:		HAIR COLOR:		STATE OF BIRTH or FOREIGN COUNTRY OF BIRTH:	
<input type="checkbox"/> Black (Blk) <input type="checkbox"/> Brown (Brn) <input type="checkbox"/> Gray (Gry)		<input type="checkbox"/> Black (Blk) <input type="checkbox"/> Brown (Brn) <input type="checkbox"/> Gray (Gry)		_____	
<input type="checkbox"/> Blue (Blu) <input type="checkbox"/> Green (Grn) <input type="checkbox"/> Hazel (Hzl)		<input type="checkbox"/> Blonde (Bld) <input type="checkbox"/> Red or Auburn (Red)		CITIZENSHIP: _____	