



Lowcountry Orphan Relief, Inc.

Criminal Records Check

Applicant's Name: _____
Last First Middle

Maiden or Birth Name: _____ Phone # _____

E-Mail: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: _____ Race: _____

Residence Address: _____
Street & No.

City State Zip County

If you have lived outside the state of South Carolina in the past five (5) years, please provide your complete address(es): _____

Please list the date, type and outcome of any criminal convictions: _____

I hereby authorize Lowcountry Orphan Relief, Inc. to conduct a search of all convictions or pending charges on me and to release results of the inquiry to Lowcountry Orphan Relief, Inc.. I understand that the information released may prove unfavorable to me, and I release all persons whomever and Lowcountry Orphan Relief, Inc. from any liability resulting from the release of this information.

Signature of Applicant _____ Date _____

Mail to Lowcountry Orphan Relief, Inc., P.O. Box 1074, Charleston, SC 29402-1074

| |
|--|
| <p>Applicant has record of convictions or charges pending: <input type="checkbox"/> YES <input type="checkbox"/> No</p> <p>Released by: _____ Department of Public Safety Bureau of Protective Services</p> <p>Date: _____</p> |
|--|

| |
|---|
| <p>Check Authorized by:</p> <p>_____</p> <p>Human Resources Director</p> <p>Date: _____</p> |
|---|