Most Worshipful Prince Hall Grand Lodge of Texas

~ CONFIDENTIAL ~

Application Will Be For:	Background Check Authorization	OFFICE USE ONLY
New Member		BCA#
Reinstatement		Result:
Demit		
Lodge Petitioning		
Print Name		
First Name	Middle Name	Last Name Suffix
Social Security Number		
Date of Birth Month Date Year D.L. Number/State /		
Gender: Male Female Black or African American White Native Hawaiian or Other Pacific Islander American Indian or Alaska Native Asian		
Current Address		
City/State/Zip Code -		
Telephone Number		
Telephone Number		
Have you ever been convicted of a misdemeanor or felony? Yes No		
If yes, briefly explain:		
 The information contained in this authorization is correct to the best of my knowledge. I hereby authorize The Most Worshipful Prince Hall Grand Lodge, Jurisdiction of Texas and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated. I understand that the scope of the consumer report investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to The Most Worshipful Prince Hall Grand Lodge, Jurisdiction of Texas or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. I hereby release The Most Worshipful Prince Hall Grand Lodge, Jurisdiction of Texas, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. PRIVACY NOTICE: THE INFORMATION CONTAINED IN THIS DOCUMENT IS CONFIDENTIAL AND WILL NOT BE SHARED WITH A THIRD PARTY. COPIES OF THIS AUTHORIZATION ARE TO BE CONSIDERED AS ORIGINALS.		
Signature:		Date: