

ARIZONA DEPARTMENT OF ADMINISTRATION

Consent for Criminal History Check

Requestor Name	Date
Section / Unit	Job Title
Work Address	Work Telephone with area code

Query <input type="checkbox"/> Criminal History <input type="checkbox"/> Warrant Clear <input type="checkbox"/> Driver's License <input type="checkbox"/> Other (explain) <input type="checkbox"/> Warrant Check <input type="checkbox"/> Warrant Entry <input type="checkbox"/> Vehicle Registration
Reason for Request <input type="checkbox"/> Visitor <input type="checkbox"/> Vendor <input type="checkbox"/> Employment <input type="checkbox"/> Other (explain)

SUBJECT INFORMATION

Name (last, first, m.i.)			Alias / Maiden Name(s)				
Date of Birth	Social Security Number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color
Driver's License Number / State			Vehicle Plate Number / State / Tag Year				
Consent Disclaimer: I certify that all the information provided herein is true and complete to the best of my knowledge. I give the State of Arizona the right to investigate and verify any information obtained through the Criminal History Check process. Permission is granted and I release from any and all liability any employer, agency, or individual assisting the State of Arizona in providing information that will assist in the process.							
Subject Signature			Date				