



CRIMINAL HISTORY/CENTRAL
REGISTRY CHECK CONSENT

8700 Manchaca #604
Austin, TX 78748

Date

I authorize FAMILYLINK TREATMENT SERVICES to execute a criminal history check.

Signature

Witness Signature

Printed Legal Name

Printed Name of Witness

For: (Check One) [ ] Foster/Adopt Parent [ ] Staff [ ] Volunteer [ ] Other

CLASS I ABUSE STATEMENT

By affixing my signature to this document, I affirm that I have never been found to be a perpetrator of Confirmed Class I Abuse in any previous employment. I am also authorizing Family Link to contact previous employers to confirm all information provided.

Signature

Witness Signature

Date

Date

Information needed for Criminal History/Central Registry Check

Legal Name: (Last, First, Middle)

Other Names: (Maiden, Married, Nicknames, etc.)

Sex: [ ] Male [ ] Female Date of Birth:

Race/Ethnicity: [ ] Black [ ] White [ ] Hispanic [ ] Oriental

Social Security Number:

Driver's License State and #

List other cities in Texas where you have lived.

Current Street Address:

City: , Texas Zip: County:

Telephone:

For Agency Use Only

SUBMITTED BY/RETURN TO: