



## CRIMINAL RECORDS CONSENT FORM

The undersigned individual hereby authorizes The Brick Lofts to request and receive any criminal history record information pertaining to said individual which may be in the files of any state and/or local criminal agency.

Please PRINT clearly.

NAME: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

SEX: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_