

Psychology and Counseling Practicum Training Program

An agency of the Irving Police Department

Background Check

(You must attach a copy of your driver's license or a valid ID)

Name: _____ (last, first, MI)

Address: _____

Telephone: _____

Date of Birth: ____/____/____

Social Security #: _____

Driver's License/ID number: _____ State of Issue: _____

Ethnicity: _____

I _____ (print name) give permission for Irving Family Advocacy Center to conduct a criminal background check. I understand the information is confidential. Permission provided on this authorization is valid for three (3) weeks.

Print name: _____

Signature: _____

Date of signature: ____/____/____

Copy Driver's
License/ID here

Results of background check

Date of background check
____/____/____

Signature or initials of officer
conducting check

Due to the sensitive information contained here, do not email this document. Print and mail or hand deliver.