

Admissions ~ 4500 Massachusetts Ave., N.W., Washington, DC 20016 ~ (202) 885-8659 ~ Fax (202) 885-8585

AUTHORIZATION TO RELEASE INFORMATION FOR BACKGROUND CHECK

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Last Name	First Name		Middle Name
Current Address (include street, city, state, zip code)			Dates Lived Here
Addresses for the Past Seven Years:	: (include street, city, state, zip code)		Dates of Residence:
Date of Birth (mm/dd/yyyy)	Other Names Used (including maiden	name)	Years Used
Social Security Number (xxx-xx-xxxx	- ' ' '	Female Male	
to obtain, whether the said reprivileged or confidential in responsible to the Information appearing on the identification purposes and for admission. I certify that I admissions application, on an upon in considering my appli	luct check to be conducted by any dustice and includer and includer. I release all persons from liables Authorization will be used exclusive or the release information which will have made true, correct, and completely supplements to it and in any intercation for admissions to Wesley The ncy contacted by IntelliCorp Record	luding those whoility on account rely by IntelliCon I be considered lete answers and rview in the kno- ological Semina	nich may be deemed to be to of such disclosures. TP Records, Inc for in determining any suitability d statements on my wledge that they will be relied ary. I authorize without
and substance of all informat	quest to IntelliCorp Records, Inc, upon tion in its files on me at the time of r orts on me which IntelliCorp Record quest.	ny request, incli	uding sources of information,
	any omission, false statement, misle ments to it and in any interviews wil gical Seminary.	-	· ·
Printed Name	Applica	ınt Signature	