

**NORRED & ASSOCIATES, INC**

**CRIMINAL HISTORY AUTHORIZATION**

**To Whom It May Concern:**

**I hereby authorize and request any governmental agency and/or related authorized reporting agencies having any information about me to furnish bearer with any and all information regarding any criminal history pertaining to me in connection with a service volunteer application. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I specifically waive any written notice from any such entity which may provide information based upon this authorization request. I understand this authorization is to be part of the written application that I sign.**

**Name (please print)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Address** \_\_\_\_\_

**Sex (optional-will be used for identification purposes only)** \_\_\_\_\_

**Race (optional-will be used for criminal history only)** \_\_\_\_\_

**Date of Birth( necessary-will be used for identification only)** \_\_\_\_\_

**Social Security Number(necessary-will be used for identification only)** \_\_\_\_\_

**Drivers License Number** \_\_\_\_\_ **State of Issue** \_\_\_\_\_

**Print all former names used (1)** \_\_\_\_\_

**(2)** \_\_\_\_\_ **(3)** \_\_\_\_\_

**List-All former addresses for the past 7 years**

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**Please complete and return to: Margaret Washington  
Newton Mentoring, Inc.  
2101 Clark Street  
Covington, GA 30014  
678-381-7948**