

This Background Check Consent Form and the Criminal History Consent Form must be printed, signed and notarized. Please mail or deliver in person to our office – 2101 Clark Street, Covington, GA 30014

# Newton Mentoring Program

---

## BACKGROUND CHECK CONSENT FORM

I hereby authorize Newton Mentoring, Inc. to receive, on an annual basis, any criminal record information pertaining to me, which may be in the records of any local, state or national governmental agency and/or any other generally recognized reporting entity.

---

Full Name **PRINTED**

---

Street Address

---

City, State, Zip

---

Sex

---

Race

---

Date of Birth

---

Applicant Signature

---

Social Security Number

---

SWORN TO AND SUBSCRIBED BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

---

NOTARY PUBLIC