

**AGAPE MINISTRIES, INC.
DANIELLE INN
80431 OGDEN ROAD
COVINGTON, LA 70435
(985) 898-3559**

**Criminal Background Check
Authorization to Release Information**

I, _____ authorize the Louisiana State Police Department to run a criminal background check on me.

First Name: _____

Middle Name: _____

Last Name: _____

Maiden Name: _____

Date of Birth: _____

Address: _____

City _____ State _____ Zip _____

Phone Number: _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____

(Name Printed)

(Signature)

(Date)