



**Lane Community College
Public Safety Department
Criminal History Authorization**



I give my permission for the LCC Public Safety Department to conduct a criminal history check on me. Information may be gathered through various sources including, but not limited to: LEDS, NCIC, DMV, or other regional and national computer databases.

Physical Identifiers:

Gender: Male ☐ Female ☐

Ethnicity: A ☐ B ☐ H ☐ I ☐ W ☐

Date of Birth

Social Security Number

Month:		Day:		Year:				-			-		
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Drivers License Number / Phone Number

State

/

List all states that you have lived, worked, or attended school in since age 18:

List all other names that you have used including nicknames, aliases, and maiden name(s).

Last, First, Middle:	
Last, First, Middle:	
Last, First, Middle:	
Last, First, Middle:	
Last, First, Middle:	

Print Name: First, Middle, and Last Name.

Signature	Date

A photocopy or FAX reproduction of this authorization and release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.