United Faith Christian Academy

8617 Providence Road Charlotte, NC 28277 ● 704-541-1742

HOST PARENT BACKGROUND CHECK FORM

I authorize **United Faith Christian Academy** and their agencies to perform a background check. In connection with this request I authorize all corporations, credit agencies, law enforcement agencies, and military services to release information about my background to the person or company with which this form has been filed, or their agent. This form releases the aforesaid companies from any liability and responsibility for collecting the above information.

Name: (please print) **Last** **First** **Middle**

Maiden Name /Other Last Names **Sex (M/F)**

Date of Birth **Social Security Number** **Driver' License Number**

Current Address (1)

City **State** **Zip**

Additional Addresses in last 7 years. List most current address first.

Address 2

City State Zip Code

Address 3

City State Zip Code

I understand that the agency UFCA uses to perform the background check as well as its employees and or agencies, shall not be held legally accountable in any way for providing this information to the above named person and I hereby release said agency and person from any and all liability which may be incurred as a result of furnishing such information. This background check form must be completed by both the husband and the wife of the host family.

Host Family Signature Date