



16765 Lookout Road
Selma, TX 78154

Criminal History Record Check

In order to enhance student security at River City Believers Academy, I authorize the administration of RCBA to obtain any criminal history record information. I understand that this may include a search of local, state, and/or federal law enforcement agency records and hereby expressly release any and all information these agencies may provide.

If there is a need for clarification of my identity, I agree to provide additional information including, but not limited to, photographs and fingerprints.

PLEASE PRINT ALL INFORMATION (except signature)

Name: _____
(last) (first) (middle)

Present Address: _____
(street)

(city) (state) (zip code)

Phone number (including area code) _____

Date of Birth (month/day/year) _____

Ethnicity:
_____ American Indian/Alaskan Native
_____ Asian/Pacific Islander
_____ Black
_____ Hispanic
_____ White
_____ Other:

Gender:
_____ Male
_____ Female

Driver's license number: _____ State: _____

Signature: _____ Date: _____