

Home of Recovery and Restoration

Po Box 643

Winnsboro, Tx 75494

903-629-2199

### BACKGROUND CHECK CONSENT STATEMENT

I understand that the Home of Recovery and Restoration will conduct a background check on me. The background check is to obtain possible criminal history to be used solely for determination of acceptance into the program. The information will be kept confidential between you and the administrative office.

I understand that acceptance into the program is contingent on the receipt and evaluation of the background report. You will not be accepted into the program if the background report indicates that you have a history of violent behavior.

I understand that the Home of Recovery and Restoration cannot accept me if I have outstanding warrants of arrest.

I have carefully read and understand this Background Check Consent Statement, and by my signature below, consent to the release of criminal history reports to the Home of Recovery and Restoration. This background Check Consent Statement in original, faxed, photocopied or electronic form will be valid for any such reports that the Home of Recovery and Restoration may request.

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Signature

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Date

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Printed Name