



Background Screening Consent

I hereby authorize and give permission to **ABC LIFE CHOICES** (aka ABC Pregnancy Care Center) and its agents to make an independent investigation of my background that may include references, character, adult criminal or police records, drug screening records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained in my “Anchor Family” application documents and/or obtaining other information which may be material to my qualification to serve as an “Anchor Family” referral.

I release the above organization and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuit in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

First name _____ Middle initial _____ Last name _____

Social Security number _____ Birth Date _____

Address _____ City _____ State _____

Signature of Applicant _____ Date _____

Have you ever been convicted of a misdemeanor or felony? _____ Yes _____ No
If yes, please explain:

Provide your email address if you want a copy of your report: _____

Please complete this form, sign, date, and attach a \$15 check payable and returned to Anchor Families c/o ABC Life Choices, 501 Frontage Road, Kenai, AK 9911.