

LEWIS UNIVERSITY  
NAME BASED ILLINOIS CRIMINAL BACKGROUND CHECK FORM  
CONSENT FORM

**NOTE:** All "Engaging Stories" participants over 18 years old, Teens & Adults, must complete this form by May 1, 2024.

**NOTA:** Todos los participantes de "Engaging Stories" mayores de 18 años de edad deben completar esta forma antes del 1 de mayo de 2024.

Date |     \_\_\_/\_\_\_/\_\_\_

Last Name |                      First Name |                      Middle Name |  
\_\_\_\_\_

Maiden Name |                                      Date of Birth |  
\_\_\_\_\_

I hereby authorize Lewis University to conduct a criminal background check on my behalf.

\_\_\_\_\_  
**Print Name (*Nombre*)**                                      **Signature (*Firma*)**                                      **Date (*Fecha*)**

\_\_\_\_\_  
**Street Address (*Direccion*)**                                      **City/State (*Ciudad/Estado*)**                                      **Zip (*CódigoPostal*)**

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Request Made By:                                      Date:  
\_\_\_\_\_                                      \_\_\_/\_\_\_/\_\_\_

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