

## Authorization for Criminal Background Check

By filling out the following information, I am authorizing the SC Respite Coalition to process my criminal background check through the SC Law Enforcement Division (SLED).

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Maiden or other names I have used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Gender (Male/Female): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**If only SLED check is required please make payment of \$12.00.  
If you require both SLED and DSS you can pay a combined fee of \$24.**

\_\_\_\_\_ I have already paid on-line \_\_\_\_\_ I will pay on-line.

\_\_\_\_\_ I have enclosed a money order for \$12 made payable to the SC Respite Coalition.

\_\_\_\_\_ I have enclosed a money order for \$24 and included my DSS forms.

Office Use Only:

\_\_\_\_\_ Money Order \_\_\_\_\_ Online Payment \_\_\_\_\_ Date Received \_\_\_\_\_ Processed By?

