

## **Permission for SLED Background Check**

Full Name (Print):			
SSN:	DOB:	Gender:	
Position (Chair, Member, etc.)	:		
I give permission for The Charter Institute at Erskine to conduct criminal background checks of local, state, and national law enforcement databases as a requirement of the pre-opening conditions.			
In addition, I certify that I am not now nor have I been in the past the subject of an investigation pertaining to accusations or allegations or charges against me of child abuse, child neglect, or sexual abuse, harassment or exploitation of a child.			
Check one:			
☐ I have not been found guilt	y or convicted of any viola	ation of law other than a traffic ticket.	
☐ I <u>have</u> been found guilty or	convicted of a violation o	of law other than a traffic ticket. (Provide explanation below)	
		riminate on the basis of race, gender, disability, age, religion, rograms and employment practices.	
All statements provided on this form are true and accurate with full disclosure by me of all information pertinent to my position as a planning committee member.			
Signature:		Date:	
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