



# **AUTHORIZATION FORM**

**Criminal Background Investigation Consent**

18 YEARS OF AGE AND OLDER

**Driving Record History Consent**

**INSTRUCTIONS:**

- 1. Type responses into boxes
- 2. Download completed form and sign
- 3. Mail completed form to Lamplight Artists

I hereby authorize Lamplight Artists, Inc., and/or its agents to make an independent investigation of criminal or police records, including those maintained by both public and private organizations, and all public records for the purpose of obtaining information that may be material to my qualifications for the summer intern program.

I release Lamplight Artists, Inc., and/or its agents, and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits regarding 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.

Full Name

Maiden Name or other Names Used

Date of Birth

Social Security Number

Present Address

How long have you lived at present address?

Former Address

How long have you lived at former address?

Driver's License Number

Driver's License State

DATE

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**Applicant Signature**

Mail Form to: 

Intern Forms  
LAMPLIGHT ARTISTS  
290 Fraser Court  
Charles Town, WV 25414