Tulsa Lawyers for Children, Inc.

Authorization of Criminal and Background Checks

Full Legal Name (Print):				
First	Middle		Last	(Suffix)
Any Other Name(s) Used	l (ie. Maiden):			
First	Middle		Last	(Suffix)
First	Middle		Last	(Suffix)
First	Middle		Last	(Suffix)
Date of Birth:	Race:		Gender:	
Social Security No	Drive	er's License No.		State:
Address:	City:		State:	Zip:
Firm:		Work Phone Number:		
Email Address:		_ Cell Phone N	umber:	
My Preferred Method of Contact:		nail	□ Phone	□ Text
I hereby authorize Tuls background investigation involving minor childre	ons on my suitab	ility to provide	-	
TLC		Applicant Sig	gnature	
TULSA LAWY	YERS	Date		

Protecting Rights of Abused Children