

New Jersey Synod, ELCA  
Background Check Release Form

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

Previous Name(s) (Maiden) \_\_\_\_\_

Current Home Address \_\_\_\_\_  
Street Address

\_\_\_\_\_ NJ \_\_\_\_\_  
Town State ZipCode

Home Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ (ie: 04/23/1962)

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

I hereby release my social security number and date of birth, along with my current home address to the New Jersey Synod, Evangelical Lutheran Church in America for the sole purpose of conducting a background check with LexisNexis ®Screening Solutions, Inc.

Information obtained through LexisNexis background check will be kept in confidence, unless otherwise required by law. All information discussed or obtained through the above mentioned means will be kept in a secure location and access to it will be restricted.

\_\_\_\_\_  
Signature Date