HARKER HEIGHTS POLICE DEPARTMENT

LOCAL BACKGROUND CHECK AUTHORIZATION

Name:_____
(First) (Middle) (Last)

Former Name(s) or Aliases: _____

Date of Birth:_____ **Social Security Number:**_____

Driver's License Number:_____ **Driver's License State:**_____

Current Address:_____
(Street) (City) (State) (Zip)

Former Address:_____
(Street) (City) (State) (Zip)

Primary Phone Number:_____

Secondary Phone Number:_____

E-mail Address:_____

I, _____, hereby authorize the Harker Heights Police Department to conduct a local background check pertaining to me and acknowledge that all information provided is accurate.

Signature:_____ **Date:**_____

Office Use Only:

Received By:_____

Date Received:_____

Revised 10/2019