

# Colorado Clowns

Authorization for:

Colorado Bureau of Investigation

Criminal History Background Check

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender (Optional): M \_\_\_\_\_ F \_\_\_\_\_

I authorize Colorado Clowns to obtain and review a Background Check for myself. This report is obtained through Colorado Bureau of Investigation. I understand that all information is kept confidential and everything stated above is correct.

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

Vice President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer Signature: \_\_\_\_\_

Completion Date: \_\_\_\_\_

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