Southern Oregon Service Dog Training
Criminal Background / History Authorization

1) Herewith I, _____,
First Middle Last
hereby grant authorization for Southern Oregon Service Dog Training to seek out and obtain my criminal background information that will include, but is not limited to, arrests, criminal prosecutions, and convictions.

2) I acknowledge that said information may give cause for Southern Oregon Service Dog Training to refuse accepting me into a training program.

3) In the event that that I am denied acceptance into a training program, based on the information contained in said criminal background information, Southern Oregon Service Dog Training will obscure my social security number, my driver's licensed number, and my birth date from all forms, including this one.

4) Additionally, I understand that Southern Oregon Service Dog Training will take reasonable efforts and precautions to guard and protect said information upon receipt, to include this authorization.

5) Lastly, Southern Oregon Service Dog Training is granted to retain the information of the said criminal background information for a period of five (5) years, or until the business sees fit to destroy it, which ever comes first.

First Name: _____

Middle Name: _____

Other names used: _____

Address: _____
Street City St. Zip

Social Security Number: _____ - _____ - _____

Driver License Number: _____ St: _____

_____ _____
Signature Date