



275 South Church Street

Spartanburg, SC 29306

864.308.1659

Criminal Records Consent Form

The undersigned individual hereby authorizes Southeast Management to request and receive any criminal history record information pertaining to said individual which may be in the files of any state and/or local criminal agency. Please PRINT clearly.

Name: _____

Present Address: _____

City/State/Zip Code: _____

DOB: _____ SSN: _____

Sex: _____ Race: _____

Applicant Signature: _____

Date: _____