



**Excelsior Grand Chapter
Order of the Eastern Star
Tennessee Jurisdiction | Prince Hall Affiliation**

~ CONFIDENTIAL ~

Background Check Authorization

OES Contact Name	
OES Contact Phone #	
OES Email Address	
Applicant Print Name:	
Current Address:	
City/State/Zip:	
Social Security Number:	
Date of Birth:	
D.L. Number & State	
Telephone Number	
Have you ever been accused or convicted of a felony? If yes, briefly explain:	
Email Address	

The information contained in this authorization is correct to the best of my knowledge. I hereby authorize Excelsior Grand Chapter, Jurisdiction of Tennessee and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Excelsior Grand Chapter, Jurisdiction of Tennessee or its agents.

I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Excelsior Grand Chapter, Jurisdiction of Tennessee, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Privacy Notice: The information contained in this document is confidential and will not be shared with a third party.

Copies of this authorization are to be considered as originals.

Signature: _____ Date: _____

**Mail this authorization form along with a \$25.00 check or money order payable to:
Most Worshipful Prince Hall Grand Lodge of Tennessee
3385 Airways Blvd. Ste 219 | Memphis, TN 38116-3808
Phone: 901-774-7230**