



Excelsior Grand Chapter - Order of the Eastern Star
Tennessee Jurisdiction – Prince Hall Affiliation

CONFIDENTIAL

Background Check Authorization Form

Do not alter this form

Name of OES Contact	
OES Contact Phone No.	
Email of OES Contact	
OES Chapter	
DISTRICT/DDGM	
Applicant Full First, Middle & Last name /Race	
Address/City/State/Zip Code	
Date of Birth	
Social Security Number No.	
Driver's License No./State	
Home/Cell Phone No.	
Email Address	
Have you ever been accused or convicted of a felony? If yes, briefly explain.	

The information contained in this Background Check Authorization Form is correct to the best of my knowledge. I hereby authorize Excelsior Grand Chapter, Order of the Eastern Star, Tennessee Jurisdiction, P.H.A. 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 may include, but is not limited to the following areas; verification of social security, current and previous residencies, employment history, education background, character references, civil and criminal history records from any criminal justice agency in any or all federal, state, and 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. 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, Order of the Eastern Star, Jurisdiction of Tennessee, the Social Security Administration and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individuals 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 of Applicant: _____ Date: _____

Mail this Background Check Authorization Form with a \$25.00 cashier's check or money order made payable to:
Most Worshipful Prince Hall Grand Lodge of Tennessee, 3385 Airways Blvd, Ste 219, Memphis, TN 38116-3808.
Phone: 901-774-7230.