



*Serving Knox, Waldo and Lincoln Counties*

207-596-9561 ~ 800-540-9561 ~ fax 207-594-1641

www.kno-wal-lin.org

*Consent for*  
**Criminal Background Check**  
**Sex Offender Registry Check**

Please provide the following information. Please print clearly.

Full legal name:

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Address:

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

Social Security Number: \_\_\_\_\_

Your signature below authorizes Pen Bay Healthcare to conduct a criminal background check and a sexual offender registry check:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date