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Metropolitan Police Department  
Arrest and Criminal History Section  
ATTN: Police Clearances  
300 Indiana Avenue NW, Room 3055  
Washington, DC 20001

I, \_\_\_\_\_, authorize Community Family Life Services permission to run a background check on me as part of my participation as a Mentor in the Family to Family Program.

|                         |
|-------------------------|
| Full Name:              |
| Social Security Number: |
| Date of Birth:          |
| Place of Birth:         |
| Exact Address:          |

Sign and Notarize