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Yes, I _____, give permission to The Actuarial Foundation to perform a criminal background check, through our vendor, Sterling Volunteers.

Full Legal Name: _____

Date of Birth: _____
(MM/DD/YYYY)

Current Address: _____

How long have you lived at this address? (month/year) _____

Gender: _____

Telephone Number: _____

Email Address: _____

Signature: _____ Date: _____