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**Team Kellel, Inc.**

**Sex Offender Registry Check**

I, , hereby grant **Team Kellel, Inc.** permission to conduct a *Sex Offender Registry Check* on my behalf for possible employment.

If hired, I grant team **Team Kellel, Inc.** permission to run this *Sex Offender Registry Check* each and every year I am employed, as required by the State of Kansas.

This document expires on the date my employment with **Team Kellel, Inc.** terminates.

Date of Birth:

Social Security #:

Full Legal Name:

Any other name or names by which you are or have been known:

Print Name:

Date:

Signature\*:

*\* A signed copy of this Sex Offender Registry Check* *Authorization, and any other ancillary agreement transmitted by facsimile, email, or other means of electronic transmission, shall be deemed to have the same legal effect as delivery of an original executed copy of this Sex Offender Registry Check Authorization and such other ancillary agreement for all purposes.*