

# AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ Church to request the \_\_\_\_\_ police/sheriff's department, or another company, to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said police/sheriff's department, or other company, from all liability that may result from any such disclosure made in response to this request.

\_\_\_\_\_  
Signature of Applicant Date

Print applicant's full name: \_\_\_\_\_

Print all other names that have been used by applicant (if any):  
\_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Gender: \_\_\_\_\_ (Male) \_\_\_\_\_ (Female)

Social Security number: \_\_\_\_\_ Driver's license number: \_\_\_\_\_

State issuing license: \_\_\_\_\_ License expiration date: \_\_\_\_\_

List each address at which you have resided in the last five years.

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant's Current Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Notary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_

Notary Seal: