

## Criminal Record Check Authorization

I hereby authorize \_\_\_\_\_ to conduct a criminal record check on my behalf. I understand this check may include information about my criminal history, fingerprints, a search of law enforcement records, court records and a check of the national sex offender registry. I release said entities from all liability that may result from such disclosure made in response to this request.

I understand that my ability to serve in the church is contingent upon the results of this background check. I certify that the statements made on this form and the volunteer application form are true and correct to the best of my knowledge and have been made in good faith.

Full Legal Name:

\_\_\_\_\_  
First Middle Last

Maiden Name: \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip

Other Names (if any) used by applicant:

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Date of Birth Location Social Security Number

\_\_\_\_\_  
Drivers License Number Issuing State License Expiration Date

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

\_\_\_\_\_  
Date