

Authorization and Request for Criminal Records Check

I _____ hereby authorize the _____ Church to request the police/sheriff's department to release information regarding any record of charges or convictions contained in its files or in any criminal file maintained on me whether local, state, or national. I hereby release said police/sheriff's department from any and all liability resulting from such disclosure.

Signature Date

Print Name _____

Print maiden name if applicable _____

Print all aliases _____

Date of birth _____

Place of birth _____

Social Security Number _____

Today's date _____