



## AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ 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 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 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: \_\_\_\_\_

Social Security number (if required by sheriff's dept.) \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State issuing license: \_\_\_\_\_

License expiration date: \_\_\_\_\_

Request sent to: \_\_\_\_\_

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

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

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