

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, _____, hereby authorize **TRINITY UNITED METHODIST CHURCH** to request the current background screening provider for the church 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 departments from all liability that may result from any such disclosure made in response to this request.

_____ Date _____
Signature of Applicant

Print applicant's full name:

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

Address: _____ **Zip:** _____

Phone: _____ **SSN:** _____

Date of birth: _____ **Place of birth:** _____

Drivers License #: _____ **State issued:** _____ **Exp.** _____

How long a church member? _____

Date turned in _____

***REQUESTING DEPARTMENT/AREA: Children's Ministry**