

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, _____ hereby authorize Fallston United Methodist Church to administer a criminal background check for information regarding any record of charges or convictions contained in any criminal file maintained on me, whether said file is local, state, or national, 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 entities from all liability that may result from such disclosure made in response to this request. I may revoke this request at any time, but that revocation must be in writing and give 30 days' notice of same.

Signature of Applicant

Date

PLEASE PRINT

Last Name

First Name

Middle Name

Maiden Name

Other Married Name

Other Married Name

Street Address _____

City _____ State _____ Zip _____

Home Telephone Number _____

Social Security Number _____

Date of Birth _____

Place of Birth _____

Driver License Number _____

Issuing State _____ Expiration Date _____