## **AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK**

l,	, HEREBY AUTHORIZE th	ne <u>Laingsburg</u>	
United Methodist Church to reques			
release information regarding any re	ecord of any investigations, ch	arges or convictions contained in	its files, or
in any criminal file maintained on m	ie, whether said file is a local, s	state, or national file, and includin	g but not
limited to accusations and convictio			
local, state and federal law. I releas	• •	•	•
employees from all liability that may	•	_	
• •	•	·	
give my permission for this information	•	ersons who will participate in mak	ıng
decisions with respect to my applica	ation.		
You are authorized to rely upon a pl	hotocopy or fax copy of this do	ocument.	
Signature of Applicant	Date		
Print applicants full name:			
Print all other names that have been	n used by applicant (if any):		
Date of birth:	Place of birth		
Social Security number:		·	
Driver's license number:	State in wl	hich license was issued:	
License expiration date:			
Request sent to:			
Name:		<del></del>	
Address:			
Phone:		<del></del>	