

Authorization and Request for Criminal Records Check

I, _____, hereby authorize UMC Food Ministry 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/sheriffs 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: _____

Address: _____

Daytime phone: _____ Evening phone: _____

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

Date of birth: _____ Place of birth: _____

Social Security number: _____

Driver's license number: _____ State issuing license: _____

License expiration date: _____

References: Please list two personal references (people who are not related to you by blood or marriage) and provide a complete address and phone information for each. References are confidential.

1. Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Relationship to reference: _____

2. Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Relationship to reference: _____

Signature of Applicant

Date