

# Authorization and Request for Criminal Records Check

I, \_\_\_\_\_, hereby authorize Plainfield United Methodist Church to request an appropriate agency 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 Plainfield United Methodist Church from all liability that may result from any such disclosure made in response to this request.

Signature \_\_\_\_\_ 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: \_\_\_\_\_

Driver's license number or state ID: \_\_\_\_\_

State issuing license: \_\_\_\_\_ License expiration date: \_\_\_\_\_

Applicant's current street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Applicant's previous addresses (past ten years):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Form submitted to: \_\_\_\_\_

*\* Information gathered is considered confidential and may only be viewed by the Director of Christian Education and the Pastoral Staff. No electronic records of personal information will be kept. Hard copies will be stored in a locked fire-proof file cabinet.*

Jun 30,