

SAINT MARK UNITED METHODIST CHURCH
PHONE: 404.873.2636 FAX: 404.873.2639

AUTHORIZATION to REQUEST CRIMINAL RECORDS CHECK and INQUIRY RELEASE

I, _____, hereby authorize Saint Mark United Methodist 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/sheriff's department from all liability that may result from any such disclosure made in response to this request. In connection with my agreement with the above organization, I understand that investigative background inquiries may be made on me, including criminal convictions, motor vehicle and other reports. Further, I understand that the organization may be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, criminal, and civil records.

I authorize without reservation, any party or agency contacted by this organization to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information and release Saint Mark United Methodist Church and/or any of its licensed agents from all liability that may result from any such disclosure made in response to any inquiries. This authorization and consent shall be valid in original, Fax, or copy form.

Applicant's signature _____ Date ____ / ____ / ____

PLEASE PRINT ALL INFORMATION

Applicant's Name: (Last) _____ (First) _____ (Middle) _____

Maiden Name (if applicable) or previous names: _____

Date of Birth ____ / ____ / ____ Place of birth (city) _____ (state) _____

Gender: _____ Social Security Number ____ - ____ - _____

Driver's License Number _____ State issuing license _____ Expiration Date _____

Addresses of all residences in the past 7 years (please list additional residences on the back of this sheet):

Street/Number: _____ City/State: _____ Zip: _____

Street/Number: _____ City/State: _____ Zip: _____

Street/Number: _____ City/State: _____ Zip: _____

Street/Number: _____ City/State: _____ Zip: _____

Places of employment in the past 7 years (please list additional employment on a separate sheet and attach):

1. Company/Organization: _____

Dates of Employment: from ____ / ____ / ____ to ____ / ____ / ____ Supervisor: _____

Address:(street/#) _____ (city/state/zip) _____

2. Company/Organization: _____

Dates of Employment: from ____ / ____ / ____ to ____ / ____ / ____ Supervisor: _____

Address:(street/#) _____ (city/state/zip) _____

3. Company/Organization: _____

Dates of Employment: from ____ / ____ / ____ to ____ / ____ / ____ Supervisor: _____

Address:(street/#) _____ (city/state/zip) _____