

Authorization and Request for Criminal Records Check

I, _____, hereby authorize _____ 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: _____

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

Date of birth: _____ Place of birth: _____

Social Security number (if required by sheriff's dept.): _____

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

License expiration date: _____

Request sent to:

Name: _____

Address: _____ Phone: _____

**This is a sample form. Your local police department or sheriff's department may have its own request form and prefer that you use it.*