BACKGROUND CHECK AUTHORIZATION

I, _____, hereby authorize _____
United Methodist Church to request the release of information regarding any record of criminal charges or convictions 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 the information holder from all liability that may result from any such disclosure made in response to this request.

Signature of applicant: _____ Date: _____

Print Applicant's name (first, middle, maiden, last): _____

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

_____

Date of birth (mm/dd/yyyy): _____ Place of birth: _____

Social Security number: _____

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

Address: _____

City _____ State _____ Zip _____

Previous address: _____

City _____ State _____ Zip _____