

**Grace United Methodist Church**

**Authorization and Request For Criminal Records Check**

I, \_\_\_\_\_ hereby authorize the Grace United Methodist Church to request the local and state police, sheriff's department, or another company, 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 or other company, from all liability that may result from any such disclosure made in response to this request.

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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 \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issuing License \_\_\_\_\_

License Expiration Date \_\_\_\_\_

List each address at which you have resided in the last five years.

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant's Current Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_