AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, _____ hereby authorize the FIRST UNITED METHODIST CHURCH OF PINELLAS PARK to request any local, state or federal law enforcement department or agency to release information regarding any record of any investigations, 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 local, state and federal law. I release any and all law enforcement departments, agencies, and their employees from all liability that may result from any such disclosure made in response to this request. I also give my permission for this information to be shared with those persons who will participate in making decisions with respect to my application.

You are authorized to rely upon a photocopy or fax copy of this document.

_____
Signature of Applicant Date

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

Address: _____

City/State/Zip Code: _____

Date of birth: _____ Place of birth: _____

Social Security number: _____

Driver's license number: _____ State in which license was issued: _____ License expiration date: _____