AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I,_____ , hereby authorize Liberty Evangelical Free Church of Pella, IA 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.

_____

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:_____

Current Address:_____ City_____ State _____ Zip:_____

Instructions: Please fill in the blanks, sign and date. Please identify the city/county of your current or most recent public ministry. Please mail to:

Request sent to:_____

Name: _____

Address:_____

Phone:_____