

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: _____