

APPENDIX IV

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, _____, HEREBY AUTHORIZE St. Paul United Methodist Church 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 (including middle):

Sex: M _____ F _____

Race: _____ American Indian & Alaska Native _____ Hispanic/Latino
_____ Asian _____ Native Hawaiian or Pacif. Islander
_____ African American _____ Two or more races
_____ Caucasian _____ Other or unknown

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Driver's License Number: _____ State License Issued: _____

License Expiration Date: _____

Address: _____

Phone: _____

Request sent to: Bobby Van Duyne, St Paul United Methodist Church