

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, _____, hereby authorize _____
Church 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: _____

Request sent to: _____

Name: _____

Address: _____

Phone: _____

**This is a sample form. Your local police department or sheriff's department may have its own request from and prefer that you use it.*