

## BACKGROUND CHECK AUTHORIZATION

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
United Methodist Church to request the release of information regarding any record of criminal  
charges or convictions 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 the information holder from all  
liability that may result from any such disclosure made in response to this request.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Applicant's name (first, middle, maiden, last): \_\_\_\_\_

Print all other names that have been used by the applicant (if any):  
\_\_\_\_\_

Date of birth (mm/dd/yyyy): \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State issuing license: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_