



## 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: \_\_\_\_\_

License expiration date: \_\_\_\_\_

Request sent to: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

*\*This is a sample form. Your congregation may prefer to conduct the criminal background checks on applicants through one of the many companies that now provide this service. The United Methodist Property and Casualty Trust ( [www.umcpact.org](http://www.umcpact.org) ) can provide a website link to Trak-1 from which local congregations can obtain these services.*