

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, _____, hereby authorize Faith United Methodist Church to request that Verify obtain and release information regarding any record of charges or convictions contained in my files, 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 Verify 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 (including middle name): _____

Print all other names that have been used by applicant (if any, and including maiden name):

Date of birth: _____ Place of birth: _____

Social Security Number: _____

Driver's license number: _____

State issuing license: _____ License expiration date: _____

Request sent to: Faith United Methodist Church, 1719 S. Prospect, Champaign, IL 61820

Applicant's Address: (Please include street/city/state/zipcode)

Applicant's Phone: _____