

Authorization and Request for Criminal Records Check

I, _____, hereby authorize Plainfield United Methodist Church to request an appropriate agency 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 Plainfield United Methodist Church from all liability that may result from any such disclosure made in response to this request.

Signature _____ 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: _____

Driver's license number or state ID: _____

State issuing license: _____ License expiration date: _____

Applicant's current street address: _____

City: _____ State: _____ Zip code: _____

Preferred Phone: _____ Email address: _____

Applicant's previous addresses (past ten years):

Form submitted to: _____

** Information gathered is considered confidential and may only be viewed by the Minister of Faith Formation, Director of Youth Ministries, and the Pastoral Staff.*