

Authorization and Request for Criminal Records Verification

I, _____, hereby authorize East Frankfort Baptist Church to obtain and/or request information about my criminal history from any entity chosen specifically for conducting this search, 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 city, county, state, and federal law. I do release said entities from all liability that may result from any such disclosure made in response to this request. I know that I may request a complete and accurate disclosure of the nature and scope of the background verification. I may revoke this request at any time, but that revocation must be in writing and give 30 day's notice of same.

Applicant Information (Please Print)

Date: _____

Name: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Signature: _____
Date

Witness: _____
Date