Sample Authorization and Request for Criminal Records Check

**This is a sample form. Your congregation may prefer to conduct criminal background checks on applicants through one of the many companies that provide this service.*

I, _____, hereby authorize _____ 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

Applicant's full name: _____

All other names that have been used by applicant (if any): _____

_____

Date of birth: _____ Place of birth: _____

Social Security number: _____

Driver's license number: _____ State issuing license: _____

License expiration date: _____

Request sent to: _____

Name: _____

Address: _____

Phone number: _____

Email address: _____