

# Request for Criminal Records Check and Authorization

I hereby request any background check agency designated by St. Francisville United Methodist Church of St. Francisville, LA to release any information which pertains to any record of convictions contained in its files or in any criminal file maintained on me whether local, state, national or international. I hereby release said agency, as well as St. Francisville United Methodist Church of St. Francisville, LA, from any and all liability resulting from such disclosure.

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Signature

Date

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Print Full Name

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Print Maiden Name if applicable

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Print All Aliases

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Current Address (Full Street, City, State & Zip Code)

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Social Security Number

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Date of Birth

Place of Birth

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Date Submitted:

Date Received: