

STREETSBORO UNITED METHODIST CHURCH AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, _____, hereby authorize Streetsboro United Methodist Church to request the background screening entity to release information regarding any record of convictions contained in its file, 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 or vulnerable adults, to the fullest extent permitted by state and federal law. I do release said church and background screening entity 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:

Print all other names that have been used by applicant (if any):

Date of birth: _____ Place of birth: _____

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

Do you have auto insurance? (YES N) Circle one

Please return this form to Diane Bonham, Education Chairperson or the Streetsboro United Methodist Church office. After turning in your application for a background check, you'll receive an email with directions of what to do.

Applicant to Complete Upper Half

For Office Use Only

Request sent to (agency/law enforcement department): _____

Name: Gary Jones, Director of Spiritual Formation

Email: gary@eocumc.com