[Church Name] Authorization for Background Check

I authorize [Church Name] to solicit background information relative to my criminal record history. I understand that [Church Name] may make inquiries into my background that may include motor vehicle records, personal references, criminal records, and any other public record reports pertaining to me.

I authorize, without any reservation, any person, agency, or other entity contacted by [Church Name], or their agent, for purposes of obtaining background report information to furnish the above-mentioned information.

I release [Church Name], their respective employees, or agents, and employees of their agents and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information.

Please Print		
First Name:	Middle Name:	Last Name:
Other Name(s) Used:		
Social Security Number:		Date of Birth:
Current Address		
Street Address:	City:	State and Zip:
How long at this address? Years/Months:		
Previous Address		
Street Address:	City:	State and Zip:
How long at this address? Years/Months:		
Previous Address		
Street Address:	City:	State and Zip:
How long at this address? Years/Months:		
Printed Name:	Signature:	Date: