

Authorization and Request for Criminal Records Verification and Fingerprint Information

I _____, hereby authorize Rising Sun Church of Christ to obtain and/or request information about my criminal history and fingerprints from any entity chosen specifically for conducting this search, to release information requiring any record of charges or convictions contained in its files or in any criminal files 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 may revoke this request at any time, but that revocation must be in writing and give 30 days notice of the same.

Signature of Applicant _____ Date _____

All areas must be completed.

Name (Last)	(First)	(Middle)	
Social Security number		Date of birth	
Gender	Email		
Street Address	City	State	Zip Code
Drivers license number		Issuing State	