FAIRHOPE UNITED METHODIST CHURCH AUTHORIZATION AND REQUEST TO RUN BACKGROUND CHECK

I,	, hereby authorize Fairhope United		
Methodist Church to request the releas	e of information regarding any record of criminal		
charges or convictions 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 the information holder from all liability that may result from any such disclosure made in response to this			
		request.	
		.	Date:
Print Applicant's name (first middle mai	dan last):		
Print Applicant's name (first, middle, mai	den, iast).		
D' - 11 - 1 - 1 - 1 - 1			
Print all other names that have been used	by the applicant (if any):		
Data of himth: (MM/DD/VVVV)	/ Dlagg of hinth		
Date of birth: (MM/DD/1111)/_	/ Place of birth:		
Social Security number:			
D: 11:	0		
Driver's license number:	State issuing license:		
(Please be prepared to show So	cial Security Card and Driver's License)		
Address:			
City, State, Zip			
Previous address:			