

AUTHORIZATION FOR RELEASE OF INFORMATION REQUEST FOR RECORDS CHECK

Please state the purpose of this records check (check one):

- _____ Employment Process
- _____ Volunteer with Children (age 0 – grade 5)
- _____ Volunteer with Youth (grade 6 – age 17)
- _____ Other (specify): _____

I, do hereby authorize Germantown United Methodist Church, and its contractor, ActiveTracks., to conduct criminal record searches and verification searches, related to the undersigned, without any prejudice or liability on the part of Germantown United Methodist Church or its contractor ActiveTracks.

Signature: _____ Date: _____

PLEASE PRINT CLEARLY

Full Name _____ Race _____ Sex _____ Date of Birth _____

If married female:

Maiden Name _____

Current Address: _____ Employer: _____

Home Phone: _____ Work Phone: _____

Previous Addresses:

Have you ever been arrested for a misdemeanor or felony? (Exclude traffic violations) _____

If yes, please explain (include dates & jurisdiction).

THE FOLLOWING IDENTIFICATION WILL BE USED TO VERIFY THE IDENTITY OF THE PERSON MAKING THIS REQUEST:

Driver's License Number/State _____ Social Security Number _____

WITNESS _____ DATE _____

Parent/Guardian signature if under 18 _____ DATE _____

All information obtained will remain confidential and will only be used on a need to know basis.