

## Authorization and Request for Criminal Records Check

I, \_\_\_\_\_, hereby authorize Grace Bible Church, Wappingers

Falls, NY, to request \_\_\_\_\_ police/sheriff's department to release information regarding any record of charges or convictions contained in the files, 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, to the fullest extent permitted by state and federal law from any pertinent law enforcement agency / department. I do release said police/sheriff's department from all liability that may result from any such disclosure made in response to this request.

**(All information received is kept confidential and records kept under lock and key)**

\_\_\_\_\_  
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 \_\_\_\_\_

Social Security number (if required by law enforcement agency) \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State issuing license \_\_\_\_\_

License expiration date: \_\_\_\_\_

Request sent to: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

(This form may be replaced by any equivalent form supplied by the particular enforcement agency / department contacted)