

Request for Criminal Records Check and Authorization

I, _____, hereby authorize New Life Church (Santa Barbara Foursquare Church) to obtain information pertaining to a charge and/or conviction I may have had for federal and state criminal law violations. This information will include but not be limited to allegations and convictions for crimes committed upon minors and will be gathered from any law-enforcement agency of this state or any state or federal government, to the extent permitted by the state and federal law. I hereby release said law-enforcement agency for any and all liability resulting from such disclosure.

Signature _____ Date _____

Print Name _____

Maiden or Other Name _____

Print all aliases _____

DL # _____ State of Issuance _____ Expiration Date _____

Date of Birth _____ Place of Birth _____