

**FAIRHOPE UNITED METHODIST CHURCH
AUTHORIZATION AND REQUEST
TO RUN BACKGROUND CHECK**

*DO NOT MAIL, FAX OR EMAIL YOUR COMPLETED FORM TO THE CHURCH.
This form must be physically returned by you to the church office AND you must be
prepared to show your Driver's License and Social Security Card.*

I, _____, hereby authorize **Fairhope United Methodist Church** to request the release 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.

Signature of applicant: _____ Date: _____

Print Applicant's name (first, middle, maiden, last):

Print all other names that have been used by the applicant (if any):

Date of birth: (MM/DD/YYYY) ____/____/____ Place of birth: _____

Social Security number: _____

Driver's license number: _____ State issuing license: _____

(Please be prepared to show Social Security Card and Driver's License)

Address:

City, State, Zip

Previous address:

FOR OFFICE USE ONLY:

Requesting Ministry Area: _____ Date: _____