

TOOL 23

# REQUEST FOR CRIMINAL-RECORDS CHECK AND AUTHORIZATION

I hereby request the \_\_\_\_\_ Police Department to release any information that pertains to any record of convictions contained in its files or in any criminal file maintained on me, whether local, state, or national. I hereby release the above-mentioned police department from any and all liability resulting from such disclosure.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Print all aliases: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Today's date: \_\_\_\_\_

Please send record to: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**This form is provided for illustrative purposes only. Under no circumstances should a pastor search committee rely on this form without the express, written advice of an independent and qualified attorney, following a full legal analysis of all circumstances.**