

REQUEST & AUTHORIZATION FOR CRIMINAL RECORDS CHECK

First United Methodist Church - Morristown

Updated: October 2016

I _____, hereby authorize *First United Methodist Church Morristown* to do a background check through **Trak 1**. I understand that this check will include a State and National Criminal & Sexual Offender search plus a Social Trace to verify my identity. I release *First United Methodist Church Morristown* and **Trak 1** from any and all liabilities, claims, or lawsuits. I am aware that *FUMC Morristown* will use this background information to help determine whether or not I am qualified to work with children/youth.

Signature

Date

Full Legal Name (printed): _____

Maiden Name or Other Names Used:

Address: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Driver's License Number: _____
STATE NUMBER

**** ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL ****