

**Lake Magdalene United Methodist Church
Child/Youth Protection Policy**

Authorization and Request for Criminal Record Check

I, _____, hereby authorize Lake Magdalene United Methodist Church to request any local, state or federal law enforcement department or agency to release information regarding any record of any investigations, charges or convictions contained in its 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 local, state, and federal law. I release any and all law enforcement departments, agencies, and their employees from all liability that may result from any such disclosure made in response to this request. I also give my permission for this information to be shared with those persons who will participate in making decisions with respect to my application.

You are authorized to rely upon my photocopy or fax of this document.

Applicant's Full Legal Name (print)

Signature of Applicant

Date

Email address: _____

List all other names that have been used by applicant (if any): _____

Date of birth: _____

Place of birth: _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____

License Expiration Date: _____

Sex: Male Female

Have you ever lived outside of Florida at any time in the past five years? Yes No

For applicants under the age of 18:

Signature of parent or legal guardian

Date