

Lake Magdalene United Methodist Church

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, _____ hereby authorize the 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, changes 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 included 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 a photocopy or fax copy of this document.

Signature of applicant

Date

Print applicants full name:

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

Date of birth: _____ Place of birth: _____

Social Security Number: _____ Sex: _____

Driver's License Number: _____

State in which license was issued: _____

License expiration date: _____

Applicants email address: _____

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

FOR APPLICANTS UNDER AGE 18:

Signature of parent or legal guardian: _____ **Date:** _____

PLEASE MAIL THE RESULTS TO:

Lake Magdalene United Methodist Church - Attn: Hilary Rain
2902 W. Fletcher Ave.
Tampa, FL 33618
Phone: 813-961-1254