## **Authorization for criminal records check**

| I,  | , hereby authorize Bethel College  |
|---|--|
| Mennonite Church to request information re-   | garding any record of charges or convictions against me in 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 any law  | enforcement department from all liability that may result  |
| from any such disclosure made in response t   | o this request.  |
|   |  |
| Signature of applicant  | Date   |
| Print applicant's full name:  |  |
| Print all other names that have been used by  | applicant (if any):  |
| Date of birth:  | Place of birth:  |
| Social Security number:   |  |
| Driver's license number:  | State issuing license:   |
| License expiration date:  |  |