

Authorization and Request for Criminal Records Check

Print Name: _____
 First Middle Last

Applicant Address: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Race: _____

Height: _____ Weight: _____

Driver's License Number: _____ State Issuing License: _____

Driver's License Expiration Date: _____

I, _____, hereby authorize Bethel College Mennonite Church to request the criminal background check from my state of residency (KBI) to release information regarding any record or 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 conviction for crimes committed against Minors, to the fullest extent permitted by state and federal law. I do release the KBI from all liability that may result from any such disclosure made in response to this request. The information recorded here is current and factual.

Signature

Date