



AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, _____, hereby authorize Orchard United Methodist Church to request the Michigan State Police/Sheriff's department(s) to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is local, state, or national, and including but not limited to accusations or convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. If I have been a Michigan resident for less than 5 years, I authorize Orchard United Methodist Church to request the records from the State Police/Sheriff's department(s) of the state(s) where I previously resided. I do release said Police/Sheriff's department(s) from all liability that may result from any such disclosure made in response to this request.

Signature of Volunteer _____ Date _____

Volunteer's Full Name (please print): _____

Print all other names that you have used (if any, i.e. maiden name):

Date of Birth: Month _____ Day _____ Year _____ State of Birth: _____

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

License Expiration Date: _____

For Church Use Only

Date Release Received:

Date ICHAT Submitted:

Submitted by:

ICHAT Confirmation: C H U R C H