



Authorization to Conduct Criminal Background and/or Vehicle Record Report

The purpose of this form is to obtain your consent to run a motor vehicle record and/or criminal background report on you related to your ministerial volunteering or employment with

The River Conference of the Free Methodist Church USA

Please Print or Type

Last Name _____ First _____ Middle _____

Social Security # _____ Date of Birth _____

Driver's License Number _____ State of Issue _____

Present Address _____
Address
City State Zip Code

In connection with this request, I authorize all law enforcement agencies, city, state, county and federal agencies, military services and persons to release information they may have about me to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information.

I authorize the release of my criminal records maintained by law enforcement agencies, city, state, county and federal courts, or any other state or local agency, to the person or company with which this form has been filed.

This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand that these files may contain negative information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

Signature

Date