

*CONFIDENTIAL
DISCLOSURE/RELEASE/AUTHORIZATION FORM

1. Messiah Lutheran Church discloses to you that an investigative criminal background check will be obtained for employment and/or volunteer affiliation purposes as part of the screening process and at any time during your employment or affiliation.
2. By signing this document you authorize the procurement of an investigative criminal background check. This authorization, in original or copy form, shall be valid for any future reports or updates that may be requested.
3. This authorization shall remain on file and shall serve as an ongoing authorization for Messiah Lutheran Church to procure an investigative criminal background check at any time during your employment or affiliation.
4. By signing this document you authorize all corporations, companies, law enforcement/criminal justice agencies, city, state, county, and federal courts, state motor vehicle bureaus, and persons to release information they may have about you to Messiah Lutheran Church and its agents.
5. By signing this document you release and hold harmless all parties involved in releasing, requesting, or storing criminal background information about you from any liability for damages.
6. By signing this document you waive any written notice of the release of your records that may be required by state or federal law.
7. By signing this document you agree to promptly notify Messiah Lutheran Church on an ongoing basis if you are convicted of a crime.

* All information received by Messiah will be kept in strict confidence.

Applicant's Signature _____

Print Name _____ Race _____

Date _____ Other Names Used _____

Social Security Number _____ / _____ / _____ Date of Birth _____

Current Street Address _____

City/Town _____ State _____ Zip Code _____

Previous address _____

City/Town _____ State _____ Zip _____

All of this information is needed for your background check, including social security number.