

United Methodist Church of Chugiak  
PO Box 670909, Chugiak AK 99567

## Authorization, Request, and Release of Liability for Criminal Records Check

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I, \_\_\_\_\_, hereby authorize ChoicePoint Service, Inc., a company performing criminal background investigative services, to perform a nationwide criminal background investigation on myself, and to release any information obtained regarding any record of charges and convictions, including but not limited to accusations and convictions for crimes committed against minors, to the United Methodist Church of Chugiak, Staff Parish Relations Committee. I understand that the criminal background investigation will be conducted to the fullest extent permitted by state and federal law. I do release ChoicePoint Services and the United Methodist Church of Chugiak from all liability that may result from any such disclosure made in response to this request.

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Signature of Applicant

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Date Signed

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The following information is required in order to perform the investigation:

Last Name: _____	First Name: _____
Middle Name: _____	Name Suffix: _____
Other Last Name: _____	Other First Name: _____
Social Security Number: _____	
Sex: _____	Date of Birth: _____
Street Address: _____	Apt Number: _____
City: _____	State: _____
Zip Code: _____	Phone Number: _____
Driver's License State: _____	Driver's License Number: _____