

**CONSENT AND RELEASE
For Background Checks**

I hereby consent and authorize the Conference to conduct the following background checks: criminal records, sex offender registry, child abuse registry and credit check. I am willing to have pertinent information shared with _____ (Contact Name) and _____ (Church Name). I release _____ (Church Name) and its employees from any and all liability associated with conducting the above background checks. I affirm I have no objection to these checks.

Purpose for Background Check: _____

Signature

Church

Print Full Legal Name

Social Security Number

Address (include city, state and zip code):

Phone (include area code) _____

Email: _____

Date of Birth (Month/Day/Year)

Date

Please list below ALL legal names that you have been known by, including maiden name, if applicable:
