

## AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS VERIFICATION INFORMATION

I, \_\_\_\_\_ hereby authorize the Presbytery of Geneva to obtain and/or request information about my criminal history from any entity chosen specifically for conducting this search, 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 a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by city, county, state, and federal law. I do release said entities from all liability that may result from any such disclosure made in response to this request. I may revoke this request at any time, but that revocation must be in writing and give 30 days' notice of same. Authorization expires one year and one day from date signed.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

(Disclosure of a criminal record or protective order does not automatically disqualify you from employment or volunteer consideration.)

Name (Last)	(First)	(Middle)	
Address	City	State	ZIP Code
Other names used by applicant (if any)			
Date of Birth	Place of Birth	Social Security	
Driver's License No.	Issuing State	License expiration date	

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Office Use Only:

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Completed by \_\_\_\_\_ Date: \_\_\_\_\_