

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS VERIFICATION AND FINGERPRINT INFORMATION

I, _____, hereby authorize Chalice UU Congregation to obtain and/or request information about my criminal history and fingerprints 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.

Signature of Applicant: _____ Date: _____

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

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