

## CRIMINAL BACKGROUND CHECK RELEASE

Return to: Christian Church (Disciples of Christ) in Indiana  
1100 W. 42<sup>nd</sup> Street, Suite 150, Indianapolis, Indiana 46208-3375

Today's Date \_\_\_\_\_

First Name \_\_\_\_\_ ( ) Female ( ) Male

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ S.S.# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### AUTHORIZATION

I, \_\_\_\_\_, hereby authorize the Christian Church  
(Disciples of Christ) in Indiana, to contact a criminal background-check agency for the purpose of  
\_\_\_ EMPLOYMENT \_\_\_ VOLUNTEER of the following organization/church:

\_\_\_\_\_

Permission is hereby given for the contact of any such person or entity and for the release of any records pertaining to my employment/service/character/general reputation/personal characteristics and mode of living. This release does not extend to financial records.



\_\_\_\_\_

**Applicant Signature**

\_\_\_\_\_

**Date**