

# Union Evangelical Lutheran Church

## Request for Criminal Records Check and Child Abuse Screening Authorization

I hereby request Choice Point to release any information which pertains to any records contained in any criminal file maintained on me whether local, state or national. I understand I will receive a copy of the report.

---

Signature

---

Print Name

---

Print Maiden Name if applicable

---

Print any other names you have used

---

Date of birth

---

Place of birth

---

Social Security number

---

Today's date