

**Sandy Springs United Methodist Church
Criminal Records Check Application**

I, _____, hereby authorize Sandy Springs UMC and/or its agents to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

I release Sandy Springs UMC and/or its agents from any and all liabilities, claims or law suits in regards to the information obtained from sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Full Name (Printed)

Maiden name or Other Names Used

Present Address

How Long?

City/State

Zip Code

DOB

Sex

Race

Social Security #

Driver's License #

State of Issuance

Applicant's Signature

Date

Notary Signature

Date