

**AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
Church to request the \_\_\_\_\_ police/sheriff's department 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 State and Federal  
law. I \_\_\_\_\_ do release said police/sheriff's department from all  
liability that may result from any such disclosure made in response to this request.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

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PRINT APPLICANT'S FULL NAME: \_\_\_\_\_

PRINT ALL OTHER NAMES THAT HAVE BEEN USED BY APPLICANT (IF ANY):

\_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER (IF REQUIRED BY SHERIFF'S DEPT.) \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

STATE ISSUING LICENSE: \_\_\_\_\_

**Request sent to:** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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TRAK-1 TECHNOLOGY  
918-779-7000  
CHILD PROTECTION PACKAGE