

CONFIDENTIAL

MILFORD ASSEMBLY OF GOD, INC
1301 SR 131
MILFORD, OHIO 45150

Request For Criminal Records Check And Authorization

I hereby request the _____ Police Department to release any information which pertains to any record of convictions contained in its files or in any criminal file maintained on me whether local, state, or national. I hereby release said Police Department from any and all liability resulting from such disclosure.

PRINTED NAME

PRINT MAIDEN NAME IF APPLICABLE

SIGNATURE

PRINT ALL ALIASES

DATE OF BIRTH

PLACE OF BIRTH

SOCIAL SECURITY NUMBER

TODAY'S DATE

RECORD SENT TO:

NAME

ADDRESS

CITY / STATE / ZIP