

## AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I \_\_\_\_\_,

Hereby authorize SON-Life Camp and Retreat Center to request the State Police department to release information regarding any record of charges or convictions contained in its files, or in criminal files maintained on me, whether said crimes committed against minors to the fullest extent permitted by state and federal law. I do release said police/sheriff department or other agencies from all liability that may result from any such disclosure made in response to this request.

**PLEASE ATTACH A PHOTOCOPY OF PHOTO ID FOR VERIFICATION (DRIVERS LICENSE OR SCHOOL ID)**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

All Previously used names: \_\_\_\_\_

Race/Ethnic Group: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_