



DISCLOSURE & RELEASE AUTHORIZATION

In connection with my application to volunteer for Lord of Life Lutheran Church, I understand that you may be requesting select information appropriate with my level of volunteer responsibility at Lord of Life Lutheran Church. This could include: motor vehicle operation history and criminal history. All information will be kept in strict confidence.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EDUCATIONAL INSTITUTION, EMPLOYER OR INSURANCE COMPANY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I further acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies including Minnesota's Department of Labor.

TODAY'S DATE _____ SIGNATURE _____

The following must be filled out completely:
(Please print)

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

DRIVER'S LICENSE NUMBER _____ STATE DRIVER'S LICENSE WAS ISSUED _____

I am volunteering for:

church school

Club 56

C3

Jr. High

Sr. High

other _____

For Administrative Use Only

ACCOUNT NUMBER _____

YOUR NAME _____

COMPANY NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

FAX NUMBER _____ PHONE NUMBER _____

CHECK THE ONES THAT APPLY

Search(es) Requested:

- Workers' Compensation from these states:

- MVR (driving record)
- Criminal History from these states or counties:

- Other

- This background check is required by Minn. Stat. § _____