

Request for Criminal Records Check and Authorization

I hereby request that any law enforcement agency 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 law enforcement agency from any and all liability resulting from such disclosure.

Signature _____

Legal Name _____

Print maiden name (if applicable) _____

Social Security Number _____

Print any and all aliases _____

Date of birth _____

Place of birth _____

Past Residences: (please list the different locations you have lived in the past five (5) years):

City

County

State

Dates of
Residency

City	County	State	Dates of Residency

Today's Date _____

Record sent to:

Name _____

Address _____

First United Methodist Church
PO Box 7646
Missoula, MT 59807
Telephone: (406) 549-6118