

# **Union Evangelical Lutheran Church**

## **Request for Criminal Records Check and Child Abuse Screening Authorization**

**I hereby request Choice Point to release any information which pertains to any records contained in any criminal file maintained on me whether local, state or national. I understand I will receive a copy of the report.**

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**Signature**

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**Print Name**

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**Print Maiden Name if applicable**

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**Print any other names you have used**

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**Date of birth**

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**Place of birth**

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**Social Security number**

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**Today's date**