

First Presbyterian Church
620 State Street, Knoxville, TN 37902
(865) 546-2531 FAX (865) 546-2533

Authorization and Request for Criminal Records Check

I, _____, hereby authorize First Presbyterian Church to request from the appropriate agency the release of information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said agency from all liability that may result from any such disclosure made in response to this request.

Signature of Applicant

Date

Print Applicant's Full Name: _____

Print All Other Names that have been used by Applicant (if any):

Date of Birth: _____ Place of Birth: _____

Social Security # _____

For Office Use Only

Request sent to: _____

Name: _____

Address: _____

Telephone Number: _____