



WEST MICHIGAN CONFERENCE OF THE UNITED METHODIST CHURCH

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, _____, hereby authorize The West Michigan Conference to request the Michigan State Police Department to release information regarding any record of charges or convictions contained in its files, or in criminal file 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.

SIGNATURE OF APPLICANT

DATE

PRINT APPLICANT FULL NAME

PRINT ALL PREVIOUSLY USED NAMES

MAIDEN NAME (IF ANY)

DATE OF BIRTH

GENDER

RACE/ETHNIC GROUP

EVENT DIRECTOR:
EMAIL ADDRESS:
ADDRESS:
CAMP NUMBER:
SITE: