

**SALEM UNITED METHODIST CHURCH
Safe Sanctuaries Policy**

Authorization and Request for Criminal Records Check

I, _____, hereby authorize Salem United Methodist Church (Salem) to request a criminal and sexual abuse offender search, to the extent permitted by state and federal law. I do hereby release the agency performing the search and Salem 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 the applicant (if any):

Date of Birth: _____ Place of Birth: _____

Sex: _____ Race: _____

Social Security Number: _____

For Office Use Only:

Request sent to: _____

Name: _____

Address: _____

Telephone Number: _____

Salem has the option to update this Criminal Records Check on an "as needed" basis.