

LIVING SAVIOUR LUTHERAN CHURCH



**Authorization and Request
for Criminal Records Check***

Please write legibly in blue or black ink.

6817 Carmel Road
Charlotte, NC 28226
Phone: 704-542-3626
Fax: 704-544-1642
lslc@livingsaviourlc.org
www.lslc-elca.org

I, _____,
hereby authorize Living Saviour Lutheran Church to request the appropriate
authorities (federal, state or local law enforcement agencies) to release infor-
mation 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 na-
tional 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 law enforcement
departments from all liability that may result from any such disclosure made in response to this re-
quest.

Signature of Applicant: _____ Date: _____

Print Full Legal Name:
(First) _____ (Middle) _____ (Last) _____

Print all other full names that have been used by applicant (if any); such as a maiden name:

Date of Birth: _____ Place of Birth: (City/State/Country) _____

Social Security Number: ____ - ____ - _____

Driver's License Number: _____ Issuing State: _____

License Expiration Date: _____

Request sent to: _____

Name: _____

Address: _____

Phone: _____

*Criminal records check will be paid for LSLC staff and volunteers.