

# 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.