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## AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, \_\_\_\_\_, HEREBY AUTHORIZE the *First United Methodist Church of Port Orange, Florida* to request any local, state or federal law enforcement department or agency to release information regarding any record of any investigations, 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 local, state and federal law. I release any and all disclosure made in response to this request. I also give my permission for this information to be shared with those persons who will participate in making decisions with respect to my application. You are authorized to rely upon a photocopy or fax copy of this document.

Applicants full name: \_\_\_\_\_

All other names that have been used by applicant (if any): \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Current Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_