

**AUTHORIZATION AND REQUEST FOR
CRIMINAL RECORDS CHECK**

I, (print name) _____, hereby authorize Southeastern Baptist Youth Camp to investigate my background. I give consent to the release of information regarding any record of charges or convictions, or 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 state and federal law. I release Southeastern Baptist Youth Camp and other entities from all liability that may result from any such disclosure made in response to this request.

Signature

Date

Print full name: _____

Print maiden name and/or other names used: _____

Present street address: _____

City/State/Zip: _____

Length of time at present address: _____

Former street address: _____

City/State/Zip: _____

Length of time at former address: _____

Date of birth: _____ Place of birth: _____

Social Security number: _____

Driver's License number: _____ State issuing license: _____

License expiration date: _____

The above information is required for identification purposes only and will be treated as strictly confidential.