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Alabama District United Pentecostal Church

Consent to release Confidential Information

Having made application to work with minors at functions of the Alabama District United Pentecostal Church, and desiring the organization to be informed concerning my past record and character, I authorize any person, reference, employer, church, or organization with whom I have had contact, to be questioned and to release such information to the Alabama District United Pentecostal Church. At it's discretion, I authorize the Alabama District United Pentecostal Church to contact any law enforcement or social agency to determine whether I have ever been charged or convicted of a crime. I also authorize such agencies to release such information to the Alabama District United Pentecostal Church. I release the Alabama District United Pentecostal Church, its' agents, and all person, organizations, and agencies from liability for any damage that may result from exchanging such information, provided they do so in good faith and without malice. I waive any right that I may have to inspect any such information that has been provided on my behalf.

Full Legal Name: _____

Address _____ City _____ State _____ Zip _____

Maiden Name _____ Date of Birth _____

Social Security Number _____ Driver's Lic. No. _____ State _____

Signature _____ Date _____

Witness: _____ (Parent or Guardian if Applicant is Minor) Date _____

All Information must be filled in completely or this application will be invalid. If does not apply just list as N/A.

Notary Public

State of Alabama

County of _____

Sworn and Subscribed before me

On this _____ day of _____ 20____

My commission expires _____