



Request for Criminal Records Check and Authorization

I hereby authorize Sagemont Church to obtain any information which pertains to any record of arrests or convictions contained in its files or in any criminal file maintained on me whether local, state, or national. I hereby release Sagemont Church from any and all liability resulting from such disclosure.

Signature

Print Full Name (including full middle name)

Print Maiden Name (if married five years or less)

Print All Aliases

List all addresses you have had in the last seven years (including county name):

Address City State Zip County

Address City State Zip County

Address City State Zip County

Address City State Zip County

Date of Birth Place of Birth

Social Security Number Driver's License Number State Exp. Date

Today's Date Email Address

Record sent to: Sagemont Church
c/o Office of the Administrator
11300 S. Sam Houston Pkwy E.
Houston, Texas 77089

Phone Number