



## Permission for Release of Information From Criminal Records

### Please read and initial each item.

\_\_\_\_\_ I hereby give my permission for the release to Crosslink Community Church, PO Box 935, Mebane, NC of criminal information from law enforcement files concerning any past history of sex offenses or offenses against children with which I may have been charged or convicted.

\_\_\_\_\_ I understand that the information to be released will concern only charges and/or convictions of carnal knowledge of a child under 14 years of age, sexual battery, seduction of a child under the age of 18, touching a child for lustful purposes, disseminating sexually oriented material to children, exploitation of children, carnal knowledge of a stepchild, adopted child or a child of a cohabitating partner, or unnatural intercourse. No information will be released on any criminal record I may have which does not relate to these particular crimes.

\_\_\_\_\_ I understand that information will be released on any conviction, any pending charges, or any arrests if I have been arrested two or more times.

\_\_\_\_\_ I understand that Crosslink Community Church has the right to require this record check as a condition of employment and volunteering.

\_\_\_\_\_ I understand that I will be sent a copy of any information released from your files pursuant to this permission form and that I have the right to challenge the accuracy and completeness of this information.

\_\_\_\_\_ I understand that this information will be used only for employment and volunteering purposes and will not be redisseminated to other persons or used for any other purpose.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

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

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Witness to Signature \_\_\_\_\_ Date \_\_\_\_\_

