

REQUEST FOR CRIMINAL RECORDS CHECK AND AUTHORIZATION

I hereby request Choice Point/Volunteer Select to release any information which pertains to any record of convictions contained in its files or in any criminal files maintained on me whether local, state, or national. I hereby release Choice Point/Volunteer Select from any and all liability resulting from such disclosure.

Signature

Print Name

Print Maiden Name (If Applicable)

Print All Aliases

Date of Birth

Place of Birth

Social Security Number

Today's Date

Record Check Sent To:
The Daypring Ministry Group
P.O. Box 3634
Brookhaven, MS 39603
Attn: Dr. Gary W. Barkman
President
CONFIDENTIAL

The above signed does authorize the release of any of his/hers records to Dayspring Ministries International, P.O. Box 3634, Brookhaven, MS 39603

If you wish AACT to run the check send an additional \$50.00 with your application

