



# DISCLOSURE & RELEASE AUTHORIZATION

In connection with my application to volunteer for Lord of Life Lutheran Church, I understand that you may be requesting select information appropriate with my level of volunteer responsibility at Lord of Life Lutheran Church. This could include: Social Security Number verification, address history, national criminal database search, national sex offender registry search, criminal history, motor vehicle operation history. All information will be kept in strict confidence.

**I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EDUCATIONAL INSTITUTION, EMPLOYER OR INSURANCE COMPANY TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I further acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies including Minnesota's Department of Labor.

TODAY'S DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

The following must be filled out completely:  
(Please print)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE DRIVER'S LICENSE WAS ISSUED \_\_\_\_\_

PARENT SIGNATURE (required if volunteer is under age 18) \_\_\_\_\_

- I am volunteering for:**

  - Church School
  - Club 56
  - C3
  - Jr. High
  - Sr. High
  - other \_\_\_\_\_

### For Administrative Use Only

ACCOUNT NUMBER \_\_\_\_\_

YOUR NAME \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

FAX NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**CHECK THE ONES THAT APPLY**

Search(es) Requested:

- Workers' Compensation from these states:  
\_\_\_\_\_
- MVR (driving record)
- Criminal History from these states or counties:  
\_\_\_\_\_
- Other  
\_\_\_\_\_
- This background check is required by Minn. Stat. § \_\_\_\_\_