

## AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, \_\_\_\_\_, hereby authorize Bay Shore Camp & Family Ministries to request the State police department to release information regarding any record of charges or convictions contained in its files, or in criminal file maintained on me, whether said crimes committed against minors to the fullest extent permitted by state and federal law. I do release said police/sheriff's department or other agencies from all liability that may result from any such disclosure made in response to this request.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
PRINT APPLICANT FULL NAME

\_\_\_\_\_  
PRINT ALL PREVIOUSLY USED NAMES

\_\_\_\_\_  
MAIDEN NAME (IF ANY)

\_\_\_\_\_  
RACE/ETHNIC GROUP

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
PLACE OF BIRTH

\_\_\_\_\_  
DRIVERS LICENSE NUMBER

\_\_\_\_\_  
STATE ISSUING LICENSE

\_\_\_\_\_  
LICENSE EXPIRATION DATE

\_\_\_\_\_  
ADDRESS

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