

Permission for Release of Information From Criminal Records*

Please Read and initial each item.

_____ I hereby give my permission for the release to **St. Paul Missionary Baptist Church, 227 N. Carmichael, Sierra Vista, AZ 85635** of _____ 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 17 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 cohabiting 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 **St. Paul Missionary Baptist Church** has the right to require this record check as a condition of employment.

_____ 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 volunteer and/or employment purposes and will not be disseminated to other persons or used for any other purpose.

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____

Signature _____ Date _____

Witness to Signature _____

Date _____

*This information is considered "confidential."

Confidential Information is maintained in accordance with the HIPPA Privacy Rule.