



**AUTHORIZATION FOR RELEASE
OF INFORMATION**

To the extent permitted by the applicable Federal, State and Local Law, I hereby authorize and permit *Protect My Ministry* acting on behalf of Redemption Church to obtain, and any person, firm or entity to release to *Protect My Ministry* or its authorized representatives, the following: 1) records concerning any criminal history that I may have; 2) records concerning my driving history. I agree that a copy of this authorization has the same effect as an original. I hereby release and hold harmless any person, firm, or authorized representatives from liability that might otherwise result from the request for, use of and/or disclosure of all the foregoing information.

PLEASE PRINT CLEARLY

FULL NAME	
*List any other names that you have worked or attended school under, including maiden names:	
ADDRESS	
PREVIOUS ADDRESS	
PREVIOUS ADDRESS	
SOCIAL SECURITY #	
DOB	
PHONE	
EMAIL	
DRIVER'S LICENSE #	
DRIVER'S LICENSE STATE	

Redemption Church and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect

the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

The information contained in this application is correct to the best of my knowledge. If there are any changes to this information, or to my criminal record after this date, I will notify the church.

SIGNATURE: _____ DATE: _____