

THE MORAVIAN CHURCH SOUTHERN PROVINCE

AUTHORIZATION FOR RELEASE OF INFORMATION & RECORDS

I, _____, understand that in consideration of my application, an investigation will be conducted. I authorize The Moravian Church, Southern Province to conduct such an investigation and release the organization and its agent, including its officers, employees, and representatives, from all liability or responsibility for this investigation, which may include, but not be limited to, the gathering of information regarding verification of prior employment, references, consumer credit history, driving history, and any criminal history which may be in files of any state, federal, or local criminal justice agencies. I understand that I have the right to request, in writing, a complete and accurate disclosure of the nature and scope of this investigation. **I understand that the information requested below regarding sex, race, date of birth, and maiden name is for the sole purpose of gathering information accurately.**

Last First Middle Social Security # Mo. Day Yr
(Please print Full Birth Name – Do not use initials) Date of Birth

Maiden, Previous Married, and all other Driver's license # State Sex Race
Alias names used

(Applicant's Telephone Number)

Present Address City/State Zip/County Yr Mo
How long?

Applicant's Signature

Date

MORAVIAN CHURCH SOUTHERN PROVINCE USE ONLY

___ CRIMINAL ___ DMV ___ SS# VERIFICATION ___ CREDIT REPORT ___ EDUCATION CREDENTIALS

Recruiter: _____

Date Faxed: _____