

**Authorization for Release of Information**

Circle One:    Employee            Volunteer

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Name

Current Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Disclosure

Have you:

Ever been convicted of a crime?    Yes    No

Had findings made against you in any civil adjudicative proceeding:    Yes    No

Had both a conviction and findings made against you?    Yes    No

I hereby confirm and warrant that I have not been convicted of or charged with a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any sexual offense, nor have ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.

Signature: \_\_\_\_\_

Please return form to:

Parish Administrator  
St. Alban's Episcopal Church  
21405 – 82<sup>nd</sup> Place West  
Edmonds, WA 98026

**St. Alban's Episcopal Church 21405 – 82<sup>nd</sup> Place West, Edmonds, WA 98026 (425) 778-0371**

I AUTHORIZE WITHOUT RESERVATION, INTELLICORP RECORDS, INC, AND THE WASHINGTON STATE PATROL, AND ANY PARTY OR AGENCY CONTRACTED BY INTELLICORP or WSP, TO FURNISH THE INFORMATION MENTIONED ON THESE PAGES TO ST. ALBAN'S EPISCOPAL CHURCH.

INTELLICORP and WSP are authorized to disclose all information obtained to ST. ALBAN'S EPISCOPAL CHURCH for the purpose of making a determination as to my eligibility for employment or volunteering.

By signing below, I certify that I have read and fully understand this authorization, that prior to signing, I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this authorization voluntarily and with the knowledge that the information being released could affect my being accepted for volunteering.

By my signature, I affirm that all information on this form is true and accurate.

Today's Date \_\_\_\_\_ Signature \_\_\_\_\_

Print your full legal name \_\_\_\_\_

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other names you have used:

\_\_\_\_\_  
\_\_\_\_\_

Address where you lived during the past 7 years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Dates) \_\_\_\_\_  
\_\_\_\_\_ (Dates) \_\_\_\_\_  
\_\_\_\_\_ (Dates) \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issuing License \_\_\_\_\_