

**AUTHORIZATION FOR THE RELEASE OF INFORMATION
FOR CRIMINAL BACKGROUND CHECK**

The United Methodist Church of the Resurrection

13720 Roe Avenue, Leawood, KS 66224

YOU MUST USE BLACK OR BLUE INK!

Please return the completed form to Director of Safety and Security
The United Methodist Church of the Resurrection

If mailed, to: 13720 Roe Avenue, Leawood, KS 66224

If hand delivered, to receptionist desk, east building

If faxed, to: (913) 897-0361

Please alert the security team to make sure they receive your form:

Bob (913) 544-0241; Pat (913) 544-0264

email to: Bob.Whisman@cor.org; Pat.McCarthy@cor.org.

Please alert Resurrectionfurnishings@cor.org also.

**Check here if submitting this form to serve as a volunteer with My Father's House—
Resurrection Furnishings Ministry**

IDENTIFICATION OF THE INDIVIDUAL TO BE SEARCHED

Full Name: _____
Last Name First Name Middle Name (Jr, Sr, III . . .)

Alias/Maiden Name: _____
Last Name First Name Middle Name (Jr, Sr, III . . .)

Date of Birth: _____ Place of Birth: _____
(City, State or Foreign Country)

Social Security No. _____ Sex: ____ Race: ____ Height: ____ Weight: ____

Occupation: _____

Residence Address: _____

I hereby request and authorize The United Methodist Church of the Resurrection
to conduct a Criminal Background Check

Date

Signature

Date

Signature of parent/guardian for Youth 16-17 years of age