

CRIMINAL AND SEXUAL MISCONDUCT RECORDS CHECK  
AUTHORIZATION FORM

I hereby authorize Lakeview Baptist Assembly and Conference Center Incorporated, and/or its agents to make an independent inquiry of my background (criminal and sex offender) on me whether local, state, or national. I hereby release Lakeview Baptist Assembly and Conference Center Incorporated, and /or its agents and any person or entity from any and all liability resulting from such disclosure.

Last Name (printed): \_\_\_\_\_

First Name (printed): \_\_\_\_\_

Middle Name (printed): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Street Number: \_\_\_\_\_

Street Name (Not P.O. Box): \_\_\_\_\_

Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Church: \_\_\_\_\_

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