

**Maples Memorial United Methodist Church
Olive Branch, MS 38654**

**Authorization and Request for Criminal Records Check
through Trak-1 Technology**

I, _____, hereby authorize Maples Memorial United Methodist Church and Trak-1 Technology to request the release of information regarding any record of local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release Maples Memorial United Methodist Church and Trak-1 Technology from all liability that may result from any such disclosure made in response to this request.

Signature _____

Date _____

Print Applicant's Full Name _____

Date of Birth _____

Place of Birth _____

Social Security Number _____

Driver's License Number _____

License Expiration Date _____

Address _____