

## **RELEASE AND AUTHORIZATION**

In connection with my application for employment or volunteer service, I understand that you may be requesting information concerning my motor vehicle operation history, credit history and criminal history from various state, nation and public sources, including Central Registries for Child Abuse and other public records available.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY, STATE OR FEDERAL AGENCY, ADMINISTRATOR, INSTITUTION, INFORMATION SERVICE BUREAU OR EMPLOYER TO FURNISH ANY AGENT OF HOLY CROSS LUTHERAN CHURCH AND SCHOOL THE ABOVE INFORMATION.

I further acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. My signature acknowledges that I have been given the opportunity to make a copy of this release for my records.

Date Signature	Date	Sinnainine	
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The following must be filled out completely for your application to be considered. Please print legibly.

## Do not leave any space blank.

Last Name	First Name	Middle Initial		
Maiden Name	(list N/A if not applicable)			
Married names, nicknames or c	other names used: (list "None" if none	e apply)		
Date of Birth:	Race:			
Driver's License Number:		State Issued:		
Social Security #	Gender:			
Current Address:				
Street	City, State	Zip Code		
500 N. GREENWICH ROAD NICHITA, KANSAS 57206 - 2633	Return completed form to:	(316) 684-5201 (CHURCH) (316) 684-4431 (SCHOOL) (316) 684-2847 (FAX)		

Dennis Wantland (Business Manager, Holy Cross Lutheran Church and School)