



AUTHORIZATON/WAIVER/INDEMNITY FORM

I hereby request Live Scan Fingerprinting Service (agency) to release information that pertains to a Criminal Background Check whether local, state, or national. I hereby release the said agency from and all liability resulting from such disclosure.

Name (printed): _____

Signature: _____

Maiden name (if applicable): _____

Date of birth: _____

Place of birth: _____

Social Security Number: _____

Driver's License Number: _____ State issued: _____

Today's date: _____

Record sent to:

St. John's Lutheran Church of Orange
154 So. Shaffer Street
Orange, CA 92866-1609

Attention: Administrator of Support Services

e-mail:

nmorris@stjohnsorange.org



AUTHORIZATION/WAIVER/INDEMNITY FORM

I authorize any references, schools, current or former employers, current or former supervisors, churches or denominational agencies, to give you any information regarding my character and fitness for employment. I hereby release any individual, employer, church, denominational agency or official, reference, or any other person or organization, including record custodians, both collectively or individually, and whether or not identified in this application, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization. I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act.

Name (printed)_____

Signature_____

Maiden name (if applicable)_____

Date of birth_____

Place of birth_____

Social Security Number_____

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