

RCN Background Check Release Form

Name: _____

Alias/Maiden Name (s): _____

Date of Birth: _____

All information gathered is kept in strict confidence.

*Your Driver's License Number and Social Security Number will be blacked out on this form
as soon as the background check is completed.*

RELEASE

I authorize Ridgefield Church of the Nazarene to contact all individuals, organizations and references that I have listed in order to verify the information I have provided to the church. I agree to release from liability any person or organization that provides information concerning me, including those persons I have listed as references.

I specifically authorize the church to undertake a criminal background check concerning my past.

I understand and agree that any information received from the background check and application verification will not be disclosed to me, and I hereby waive any right I may have to inspect any information provided about me by any person or organization identified by me on this form.

By signing this form, I certify and affirm that the information I have given is true, complete and correct in all respects.

Signature: _____ Date: _____