



Request for Criminal Background Check

I hereby request **West Virginia North District** to release any information which pertains to any record of convictions contained in its files or in any criminal file maintained on me whether local, state, or national. I hereby release the stated agency from any and all liability resulting from such disclosure.

Church Name

Name

Maiden name (if applicable)

Print any and all aliases

Current Address

Date of Birth

Place of birth

SSN (Needed only if Driver's License is unavailable)

Driver's License Number

State

By typing my name in the box below, I am stating that all the information entered above is true and accurate and this acts as my handwritten signature:

Signature

Date