



authorization for release form

In connection with my application for volunteer service with Lincoln Christian School, I authorize Lincoln Christian School, and/or ACCUFAX Div., Southvest Inc., their agent, to solicit background information relative to my criminal record history. I understand that Lincoln Christian School may conduct inquiries into my background that may include criminal records, personal references and other public record reports pertaining to me.

I authorize without reservation, any person, agency, or other entity contacted by Lincoln Christian School, Church On The Move, or ACCUFAX Div., Southvest Inc., their agent, for purposes of obtaining background report information, to furnish the above mentioned information.

I release Lincoln Christian School, Church On The Move, their respective employees, or ACCUFAX Div., Southvest Inc., their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information.

BACKGROUND INFORMATION				
Last Name		First Name		Date of Birth
City of Birth		County	State	Zip
AKA or Maiden Name		Social Security Number		
Other Names You Have Gone By			Other Social Security Numbers You Have Had	
Present Address			City	State Zip
County	Years at this Address Yrs. Mos.			
Previous Address			City	State Zip
County	Years at this Address Yrs. Mos.			

Signature of Applicant

Date

Thank you for applying to volunteer at Lincoln Christian School.

Please return this form with your LCS application or you may fax it to the ministry offices at 828-9456.