

THE MORAVIAN CHURCH SOUTHERN PROVINCE

AUTHORIZATION FOR RELEASE OF INFORMATION & RECORDS

I, _____, understand that in consideration of my application, an investigation will be conducted. I authorize The Moravian Church, Southern Province, to conduct such an investigation and release the organization and its agent, including its officers, employees, and representatives, from all liability or responsibility for this investigation, which may include, but not be limited to, the gathering of information regarding verification of prior employment, references, driving history, and any criminal history which may be in files of any state, federal, or local criminal justice agencies. I understand that I have the right to request, in writing, a complete and accurate disclosure of the nature and scope of this investigation. **I understand that the information requested below regarding sex, race, date of birth, and maiden name is for the sole purpose of gathering information accurately.**

_____	_____	_____	_____	_____	_____	_____	_____	_____
Last	First	Middle	Social Security #			Mo.	Day	Yr
(Please print Full Birth Name – Do not use initials)						Date of Birth		
_____			_____	_____	_____	_____	_____	_____
Maiden, Previous Married, and all other Alias names used			Driver's license #	State	Sex	Race		

(Applicant's Telephone Number)

_____	_____	_____	_____	_____	_____
Present Address	City/State	Zip/County	Yr	Mo	How long?

If this is the first time you have applied to be a counselor, please list all other addresses used for the past 7 years - use additional page(s) if needed.

_____	_____	_____	_____	_____	_____
Previous Address	City/State	Zip/County	Yr	Mo	How long?
_____	_____	_____	_____	_____	_____
Previous Address	City/State	Zip/County	Yr	Mo	How long?

_____	_____
Applicant's Signature	Date

