



# Missionary Cenacle Volunteers Trinity Mission Center

## *Authorization for Release of Information*

The information requested below is for the sole purpose of conducting a background investigation, or a criminal records check. This form will not be maintained with an applicant's other pre-acceptance paperwork, nor will it be placed in the individual's personnel file, should the applicant be accepted into the Missionary Cenacle Volunteers or Trinity Mission Center Program. I understand that the existence of any prior criminal record or any other adverse information will not necessarily make me ineligible for acceptance.

FULL NAME (no nickname): \_\_\_\_\_

OTHER NAME(S) (including dates used): \_\_\_\_\_

OTHER NAMES OR NICKNAMES: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ RACE: \_\_\_\_\_ AGE: \_\_\_\_\_

DRIVER LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

All Addresses for at least the last SEVEN years (Street/City/County/State/Province/Years From-To):

1. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
2. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
3. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
4. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
5. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(Add additional pages if necessary)

I, \_\_\_\_\_, hereby authorize the recipient of this release to search the following records:  
(Print full name)

1. State/Province and/or county and/or federal (USA, Canada) criminal history records.

I AUTHORIZE THE REPORTING OF THE CONTENTS OF ANY OF THE ABOVE RECORDS TO AMERICAN BACKGROUND INFORMATION SERVICES, INC. I RELEASE THE ISSUER OF THE INFORMATION CONTAINED IN SAID RECORDS, THE RECIPIENT OF THIS AUTHORIZATION, AND AMERICAN BACKGROUND INFORMATION SERVICES, INC. FROM ALL LIABILITY FOR ANY DAMAGE FOR ISSUING SUCH INFORMATION.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date