

St. Andrew's Lutheran Church
900 Stillwater Rd
Mahtomedi, MN 55115

Background Check Authorization & Release Form/ Non Driver

I hereby authorize St. Andrew's Lutheran church and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for volunteer and/or employment purposes.

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics, or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to St. Andrew's Lutheran Church or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I understand that from time to time, St. Andrew's may receive a request from other agencies for whom I may be representing St. Andrew's Lutheran Church, to provide information obtained during the background check. I hereby authorize St. Andrew's Lutheran Church to release and/or disclose information obtained in the background investigation to such agencies, said information to include but not limited to, consumer investigation reports, criminal history, employment and education history.

Position: _____ (if volunteer, provide ministry for which you are volunteering.)

Print Name: _____
First Middle Last Maiden

Former Name(s) _____

Current Address _____
Street City State Zip

Previous Address _____
Street City State Zip

Social Security Number: _____ - _____ - _____

Home Phone: _____ - _____ - _____

Date of Birth _____ / _____ / _____
month day year

Signature _____ Date _____

Notice to California, Minnesota and Oklahoma Applicants

You have the right to obtain a copy of any investigative consumer report obtained by St. Andrew's by checking the box provided below. I request to receive a copy of this report ()