

FLINT RIVER BAPTIST ASSOCIATION

568 Baptist Camp Road
Griffin, GA 30223
770-227-0155

**AUTHORIZATION FOR
CRIMINAL HISTORY REQUEST**

(Full Name—Please Print)

(Address)

(City/State/Zip)

(Gender)

(Date of Birth)

(Social Security Number)

I hereby authorize the release of any criminal history information pertaining to me which may be in the files of any local, state, or national criminal justice agency. Furthermore, I expressly authorize the Flint River Baptist Association to provide a copy of this information to the organization listed below.

(Signature of Individual)

(Date of Authorization)

As a representative of _____, I am requesting a copy of the
(Name of Organization)
criminal history record information pertaining to the above individual and understand that I am solely liable for any use of this information.

(Signature of Authorized Person Requesting Criminal History)

(Date of Request)

(Signature of Authorized Person Receiving Criminal History)

(Date of Receipt)

IMPORTANT: This authorization for criminal history background check is valid for ten days from the date of signature.