The ROCK, A Missionary Church

111 N. Meridian Street
Portland, IN 47371
(260) 726-7474

Police Record Release Form
Applicant to Complete

We request the following record check on:
(Please print.)

Name: _____
First Middle Maiden Last

Date of Birth: _____ Social Security #_____

Address:_____ Home Phone: _____

_____ Cell Phone: _____

_____

I hereby submit this written authorization to release to The ROCK any police and/or court records including convictions which directly or indirectly involve me. I agree to let the above see and have copies of these records if so desired. I hereby release your employee and the Police/Sheriff Department from any and all liabilities for any damages whatsoever which might result from furnishing The ROCK with such records.

Signature: _____

Date: _____

To be completed by Local Police Department:

I certify that a police record check as made on the person listed above at the

_____ County Sheriff Department and

_____ No record was found to exist.

_____ A record exists and copes are following.

Name of verifying official: _____

Signature of verifying official: _____

Title: _____ Date: _____