



RECORDS AUTHORIZATION FORM *

* This form must be completed by those who are applying for any position, paid or volunteer, with CEF OF EASTERN PA, INC.

I hereby request the Police, the FBI, the US Department of Justice, Immigration and Naturalization Service, and Pennsylvania Department of Education to release any information which pertains to any record or conditions contained in its files or in any criminal file maintained on me whether local, state, national, or international. I hereby release the said departments from any and all liability resulting from such disclosure.

Applicant's Signature _____
Print Name _____
Print Maiden Name (if applicable) _____
County where you serve with CEF OF EASTERN PA, INC. _____
Date of Birth _____
Place of Birth _____
Social Security Number _____ - _____ - _____

The information contained in this screening form is correct to the best of my knowledge. I authorize any reference and churches listed in this form to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work.

In consideration of the receipt and evaluation of this Records Authorization Form and the Confidential Screening Form by CHILD EVANGELISM FELLOWSHIP OF EASTERN PA, INC., I hereby release any individual, agency, church, youth organization, charity, employer, reference, or any other person or organizations, including record custodians, both collectively and individually, from any or all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legal binding agreement which I have read and understood.

Applicant's Signature _____ Date _____
Witness _____ Date _____