

Authorization and Request for Criminal Records Check
Diocesan Youth Ministries
Diocese of Southwestern Virginia

I, _____, hereby authorize _____
Church/Diocese to request the _____ police/sheriff's department to
release information regarding any record of charges or convictions contained in its files, or in any
criminal file maintained on me, whether said file is a local, state, or national file, and including but not
limited to accusations and convictions for crimes committed against minors, to the fullest extent
permitted by state and federal law. I do release said police/sheriff's department from all liability that
may result from any such disclosure made in response to this request.

Signature of Adult Leader: _____ Date: _____

Print application's full name: _____

Print all other names that have been used by applicant (if any): _____

Date of birth: _____ Place of birth: _____

Social Security number (if required by sheriff's dept.) _____

Driver's license number: _____ State issuing license: _____

License expiration date: _____

Request sent to: _____

Name: _____

Address: _____

Phone: _____