

OUR SAVIOR EVANGELICAL LUTHERAN CHURCH AND SCHOOL

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The Lutheran Church – Missouri Synod

PUBLIC ACT 99 OF 1993 & PUBLIC ACT 83 OF 1995

AUTHORIZATION FOR CRIMINAL RECORDS CHECK RELEASE OF INFORMATION TO LOCAL DISTRICT

The undersigned is a parent chaperone/volunteer with Our Savior Evangelical Lutheran Church & School and has given church administrators permission to request and receive a criminal records check through the Michigan State Police

READ CAREFULLY – THIS DOCUMENT CONTAINS A RELEASE

Print Name _____ Male _____ Female _____
(Last, First, Middle)

Address _____
(Street Address) (State) (Zip Code) (Phone Number)

Date of Birth _____ Race _____
(Month/Day/Year)

I do hereby release Our Savior Evangelical Lutheran Church and School, its individual board members, employees, and agents, past and present, from any and all claims and/or liability whatsoever for any damages or consequences which may result from the criminal records check related to my position as a volunteer candidate with Our Savior Lutheran Church and School.

Dated _____
_____ **Print Full Name**

Signature