

**CRIMINAL AND SEXUAL MISCONDUCT RECORDS CHECK  
AUTHORIZATION FORM**

I hereby authorize Lakeview Baptist Assembly and Conference Center Incorporated, and/or its agents to make an independent inquiry of my background (criminal and sex offender) on me whether local, state, or national. I hereby release Lakeview Baptist Assembly and Conference Center Incorporated, and /or its agents and any person or entity from any and all liability resulting from such disclosure.

Name (printed, first, middle, last): \_\_\_\_\_

Maiden name (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name of Camp you are attending (example: RA, NetXtreme Youth, GA)

\_\_\_\_\_

Name of Church or Organization: \_\_\_\_\_