

**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. Lakeview FAX: 903 656-2993

Last Name (printed): _____

First Name (printed): _____

Middle Name (printed): _____

Date of Birth: _____

Social Security Number: _____

Physical Street Number: _____

Street Name (Not P.O. Box): _____ Apartment #: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Name of Church: _____

Signature: _____ Today's Date: _____