



WAUKESHA BIBLE CHURCH

GATHERED FOR WORSHIP | SCATTERED FOR MISSION

Confidential

Request for Criminal Records Check and Authorization

I hereby request the State of Wisconsin Department of Justice and the Waukesha County Circuit Court to release any information which pertains to any record of convictions contained in its files or in any criminal file maintained on me whether local, state or national. I hereby release said Police Department from any and all liability resulting from such disclosure.

Signature: _____

Print Name (First, Middle, Last): _____
(Legal name, not nicknames; spell out entire middle name, not just an initial)

Maiden Name (if applicable): _____

Print any other names you have used if applicable: _____

Date of birth: _____

Social Security number: _____

Today's Date: _____

Are you in the current WBC directory? _____

If not, how long have you been regularly attending WBC? _____

(Please fill out WBC Directory Survey, located on the back side of this form)

Office Use Only

Acquired by:

- Mail
- Email
- In Person
- Left on Desk

Date received: _____

