



Blue Lake Chrysalis

Background Authorization Form

SAFE SANCTUARIES AUTHORIZATION AND REQUEST TO RUN BACKGROUND CHECK

I, _____, hereby authorize Blue Lake Chrysalis and /or Blue Lake United Methodist Assembly to request the release of information regarding any record of criminal charges or convictions 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 the information holder from all liability that may result from any such disclosure made in response to this request.

Signature of applicant: _____ Date: _____

Applicant's name (first, middle, maiden, last): _____

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

Gender: M ___ F ___ Ethnicity _____ Date of birth: _____

Social Security number: _____

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

Place of birth: _____

Address: _____ State _____ Zip _____

Previous address: _____ State _____ Zip _____

Please complete this form and mail it with your \$15.00 payment to:

**Blue Lake Chrysalis
c/o Carryl Gibb
84 8th St
Shalimar, FL 32579**

Rev:2020-01-01