Consent to Release Confidential Information

Full Name:	
Other Names you may be known b	y:
Date of Birth:	Place of Birth:
Social Security Number:	
Driver's License Number:	Issuing State:
Current Address:	
Other addresses you have had in th	e last 7 years:
request Employment Screening Ser regarding any record of conviction	hereby authorize Aldersgate United Methodist Church to rvices (ESS) to search local, state, and national databases is contained within. I release ESS and Aldersgate from all esulting disclosure made in response to this request.
Signature of Requestor	 Date

AUMC Safe Sanctuary Form 2 SEP 2015