



Holy Cross
Lutheran Church
& School

*Sharing God's Love
Through Faith in Christ*
Lutheran Church – Missouri Synod

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CHURCH (316) 684-5201

FAX (316) 684-2847

SCHOOL (316) 684-4431

www.HolyCrossLutheran.net

RELEASE AND AUTHORIZATION

In connection with my application for employment or volunteer service, I understand that you may be requesting information concerning my motor vehicle operation history, credit history and criminal history from various state, nation and public sources, including Central Registries for Child Abuse and other public records available.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY, STATE OR FEDERAL AGENCY, ADMINISTRATOR, INSTITUTION, INFORMATION SERVICE BUREAU OR EMPLOYER TO FURNISH ANY AGENT OF HOLY CROSS LUTHERAN CHURCH AND SCHOOL THE ABOVE INFORMATION.

I further acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. My signature acknowledges that I have been given the opportunity to make a copy of this release for my records.

Date _____ Signature _____

The following must be filled out completely for your application to be considered. Please *print legibly*.

Do not leave any space blank.

Last Name _____ First Name _____ Middle Initial _____

Maiden Name _____

Married Names, Nicknames or other names Used:

Date of Birth: _____ Race: _____

Driver's License Number: _____ State issued: _____

Social Security # _____ Gender: _____

Current Address:

Return completed form to:

Adrian Peppers (Business Manager, Holy Cross Lutheran Church and School)