

**Westwood Baptist Church**  
4001 Georgetown Road NW  
Cleveland, TN 37312  
(423) 472-1535

**PERMISSION FOR RELEASE OF INFORMATION  
FROM CRIMINAL RECORDS**

I hereby give my permission for the release to Westwood Baptist Church of Cleveland, Tennessee, information from law enforcement files concerning any pending charges and past history of sex offenses or offenses against children with which I may have been charged or convicted.

I understand that no information will be released on any criminal record I may have which does not relate to these particular crimes.

I understand that Westwood Baptist Church has the right to require this record check to determine my suitability to work with children and youth.

I understand that I will be sent a copy of any information released from your files pursuant to this permission form and that I have the right to challenge the accuracy and completeness of this information.

I understand that this information will be used only for the above stated purpose and will not be disseminated to other persons or used for any other purpose.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Street or Box Number

\_\_\_\_\_  
Signature City, State, and Zip Code

\_\_\_\_\_  
Witness to Signature Social Security Number

\_\_\_\_\_  
Date Date of Birth

**Westwood Baptist Church**  
4001 Georgetown Road NW  
Cleveland, TN 37312  
Phone (423) 472-1535

**Applicant's Authorization for Release of Information**

I authorize any references or churches to give you any information (including opinions) that they may have regarding my character and fitness for children's or youth work.

In consideration of the receipt and evaluation of my application by Westwood Baptist Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including records custodians, both collectively and individually, from any and all damages of any kind or nature arising out of or occurring as a result of any disclosure of information or opinions under this authorization.

**I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.**

Name: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_