

MT. BETHEL CHRISTIAN ACADEMY
4385 Lower Roswell Road
Marietta, Georgia 30068

RELEASE AUTHORIZATION FORM

TO WHOM IT MAY CONCERN:

I, _____, authorize Mt. Bethel Christian Academy to gather information regarding my background including any felony or misdemeanor criminal records, or outstanding warrants, which may be in files of any criminal justice agency, credit history from data collection agencies or banking institutions and records of certification and regulatory agencies. This authorization further applies to records of my driving history archived by agencies of the various states.

I hereby release each agency, or financial institution or their personnel from any liability of whatsoever nature for furnishing such information to Mt. Bethel Christian Academy.

I hereby release Mt. Bethel Christian Academy from any liability whatsoever, and agree to indemnify and hold Mt. Bethel Christian Academy harmless from and against any and all claims, charges, losses and liabilities whatsoever to which it may become subject as a result of or in connection with such inquires and activities.

Full Name (Signature): _____ Date: _____

Full Name (Printed): _____

Other Name Used: _____

Social Security Number: _____

Current Residence Address: _____

Addresses for last 7 years: _____

Drivers License Number and State: _____

Date of Birth: _____

If you have been fingerprinted, give date and agency which took prints: _____

Please return this completed form along with \$20 to Suzanne Decker in the Academy office.