



Last Name _____ First Name _____ Middle Name _____

Current Address _____ Phone # _____

DOB _____ Social Security # _____ DL # _____

Have you ever lived outside of Utah for reasons other than Church or Military Service? YES / NO

I, _____, do hereby authorize a release of and full disclosure of all criminal history records, or any part thereof, concerning myself, by and to any duly authorized agent of Salem City, whether said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of arrest, trial and/or convictions for alleged or actual violations of law. Any information discovered may be used to consider my suitability for employment and/or volunteer work with Salem City.

I agree to indemnify and hold harmless Salem City and its elected officials, officers, employees, agents, and volunteers from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature _____

Yes, Please provide me a copy of any history that may be found.

Date _____

For Office Use Only

Verified by Picture ID Checked by _____ ID Type _____ Date _____

No History Checked by _____ Date _____

See Attached History Checked by _____ Date _____

Approved _____ Not Approved _____ By _____ Date _____