



BACKGROUND CHECK AUTHORIZATION TO RELEASE

I, _____, authorize

print full name

print name of congregation

City, ST

to release to: Metropolitan Washington, D.C. Synod, ELCA a copy of the background report(s) which have been processed with previous authorization. I understand the background check could include the following:

- The National Criminal File Search
- The County Courthouse Search
- Social Security Trace

- Motor Vehicle Check
- Credit Check

I understand that the copy of the report will be sent to the Metropolitan Washington, D.C. Synod, ELCA.

I also release any person providing information from any and all liability for damages of whatever kind or nature may exist at any time on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.

Printed Name

Signature

Date

Please send a copy of the report to:

Metropolitan Washington, D.C. Synod, ELCA

305 E St., NW Suite 300

Washington, D.C. 20001