



**BACKGROUND CHECK AUTHORIZATION TO RELEASE**

I, \_\_\_\_\_, authorize the Metropolitan Washington, D.C.  
Name

Synod, ELCA to release to: \_\_\_\_\_  
Name of Congregation City, ST

a copy of the background report(s) which have been processed with previous authorization:

- 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 address provided below.

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.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Please send a copy of the report to:**

\_\_\_\_\_  
Name of Congregation

Attn: \_\_\_\_\_

\_\_\_\_\_  
Address of Congregation

\_\_\_\_\_  
City, ST Zip

**Reports sent to congregations should be directed to the Pastor, congregational council president or Chair of the Mutual Ministry Committee.**