



## AUTHORIZATION FOR BACKGROUND CHECK

I authorize St. Johns Presbyterian Church to conduct a criminal background check with the Pennsylvania State Police with regard to my teaching Sunday School at St. Johns. I understand that I will be given a copy of any information that negatively affects my ability to teach at St. Johns. I also understand that any information or reports will be kept confidential and that only the Director of Christian Education and the Personnel Committee will have access to the material.

**Full Name:** .....

**Date of Birth:** .....

Maiden Name (optional): .....

Social Security Number  
(optional): .....

.....  
**Signature**

.....  
**Date**