

2019 GenOn Youth Summit

Authorization and Request for Criminal Records Check

Check the GYS you will be attending:

GYS WEST Estes Park, CO July 7-13, 2019

GYS EAST Wheeling, WV July 14-20, 2019

I, _____, hereby authorize, without reservation, any law enforcement agency, institution or information service bureau contacted by GenOn Ministries or its agent, to furnish information regarding any record of charges, convictions or any criminal file maintained on me, whether said file is a local, state or national file, and including but not limited to, accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law.

I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release GenOn Ministries, its agents and all persons, agencies and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above-mentioned information or reports.

Print your full name LAST FIRST MIDDLE

Print other names you have used Email Address

Home Address

City State/Province Zip/Postal Code

Social Security Number Date of Birth

Driver's License Number State Issuing License

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

Sex: Male Female

Race: Asian African American Hispanic White

List each address at which you have resided in the last five years:

Address: _____

Address: _____

Address: _____

Signature of Applicant Date