



WAIVER OF CONFIDENTIALITY

PLEASE PRINT

Name: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Previous address if less than five years:

Address: _____

City: _____ State: _____ Zip: _____

Driver's License: State _____ Number _____

Date of Birth _____ Place of birth _____

I give my permission to RockPointe Church to do background checks for criminal records.

Signed _____ Date _____

Parents Signature _____ Date _____

(if applicant's age is under 18 years)

Witnessed by _____ Date _____

Witness printed name _____