



# REQUEST FOR CRIMINAL/MOTOR VEHICLE RECORDS CHECK

I hereby request \_\_\_\_\_ (agency) to release information which pertains to any record of convictions or driving records (as selected below) contained in its files or in any criminal or motor vehicle file maintained on me whether local, state, or national. I hereby release the said agency from any and all liability resulting from such disclosure.

- Record of Convictions
- Driving Records
- Both

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This material is for informational purposes only. It is not intended to give specific legal or risk management advice, nor are any suggested checklists or actions intended to include or address all possible risk management exposures or solutions.

You are encouraged to consult with your own attorney or other expert consultants for a professional opinion specific to your situation.



GuideOne Risk Resources for Health Care  
1111 Ashworth Road  
West Des Moines, Iowa 50265  
1-800-688-3628

Name (printed or typed): \_\_\_\_\_

Maiden Name (if applicable):: \_\_\_\_\_

Print/Type and all aliases: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State Issued: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Record sent to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_