

CREDIT INQUIRY RELEASE

In connection with my application for conference membership, I understand that a background credit inquiry will be made on me.

I authorize, without reservation, any party or agency contacted by the Board of Ordained Ministry, North Alabama Conference of The United Methodist Church to furnish the above-mentioned information.

Print Full Name _____

Social Security No. _____ ***Date of Birth** _____

Telephone Number _____

Current Address _____

City/State/Zip _____

Previous Address _____

City/State/Zip _____

Driver's License No. _____ **State** _____

Applicant's Signature _____

Date _____

***Date of Birth is being requested in order to obtain accurate retrieval of records.**