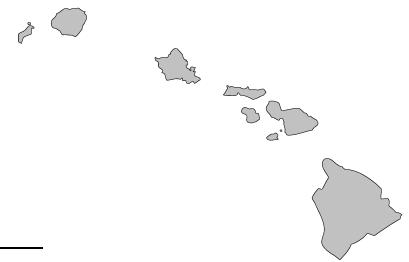




Lanakila Baptist Schools

"Pursuing Christ and Academic Excellence"



AUTHORIZATION TO RELEASE CRIMINAL BACKGROUND INFORMATION

I have made application for a position as a _____ with Lanakila Baptist Schools. I have authorized them to thoroughly investigate the criminal background records of any local, state, or federal government branches.

I authorize background information to be disclosed to Lanakila Baptist Schools by means of the information I provide on this release form. With my signature, I acknowledge this information will be used only for access to criminal records.

In addition, I hereby release Lanakila Baptist Schools, and all other parties from any and all claims demands, or liabilities arising out of or in any way related to such background investigation or disclosure.

I acknowledge the information in the background report and on this document given to Lanakila Baptist Schools will be kept confidential according to state and federal laws.

I agree that a photocopy or facsimile copy of this document and any signature shall be considered for all purposes as the original signed release on file.

I certify that I have carefully read and do understand the above statements.

Applicant's Name (Print)

Date

Other names or alias including maiden name if applicable

Applicant's Signature

Applicant's Social Security Number

Applicant's Date of Birth (ie.3/20/1949)