



# Appalachian Conference, IPHC Ministry Center

P.O. Box 1086  
Dublin, Virginia 24084  
540-674-4131/Office & Fax

## AUTHORIZATION AND RELEASE OF PERSONAL BACKGROUND INFORMATION

I, the undersigned, authorize **Innovative Credit Solutions**, 1009 Ferguson Street, P.O. Box 1386, Columbia, SC 29202 and/or any and all financial institutions, credit bureaus, credit processing companies or other credit assembling entities to provide documentation of my current status, a credit report, criminal records (including felony and misdemeanor records), motor vehicle records, employment, education and any other background information needed in connection with a(n) Ministerial and/or Employment application to the Appalachian Conference, IPHC Ministry Center.

Person reports are requested on (please print):

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

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Do you go by any other name/nickname?: \_\_\_\_\_

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary

My commission expires: \_\_\_\_\_