Reset Form

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION
POLICE/CRIMINAL RECORD CHECK

NAME (Last) (First) (Middle)

ADDRESS

SOCIAL SECURITY NO. DATE OF BIRTH PLACE OF BIRTH

I understand that it is necessary that an investigation of my background be conducted to verify the presence or lack of any past violations of law.

I understand that the purpose of this check is to protect myself, the adoptive/foster child, and the **Erie County Department of Job and Family Services** by establishing that I have a good reputation and record within my community.

I hereby give my consent for this information exchange and authorize the **Erie County Department of Job and Family Services** to contact either local or state police or sheriff departments or courts in this or another state to gain this information.

I understand that this release will remain in effect until _____ unless revoked by me in writing prior to that date.

_____
SIGNATURE

_____
DATE

PRINT FORM