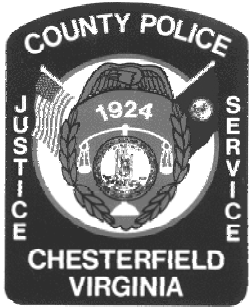


CHESTERFIELD COUNTY CRIMINAL RECORD CHECK RELEASE OF INFORMATION

POLICE ADMINISTRATION USE	



**PLEASE
PRINT
CLEARLY
FILL OUT ALL
APPLICABLE
INFORMATION**

**FOR CO-SPONSORED COACHES,
VOLUNTEERS, PROSPECTIVE COUNTY
EMPLOYEES, COUNTY EMPLOYEES,
COUNTY VOLUNTEERS AND OR SOCIAL
SERVICE APPLICANTS.**

TO WHOM IT MAY CONCERN:

I, the applicant, hereby authorize Chesterfield County to obtain records related to me, if any, from criminal justice agencies. I understand that the information released is for "OFFICIAL USE" by Chesterfield County for the sole purpose of determining my eligibility to: volunteer, be employed, be promoted or transferred, or for Social Services application and may be disclosed to other persons only as necessary to determine my eligibility. I understand that failure to provide all or part of the information may result in my disqualification for volunteerism, employment and or application considerations with Social Services. This release shall be effective on the date of its execution and will expire upon completion of my criminal record check.

Today's Date	Applicant's Signature

APPLICANT'S REQUEST	
COACHING	The Name of Your Co-Sponsored League Or Association
	Coaches Card Renewal Your Current Card Number
	FIRE/EMS VOLUNTEER Fire Station # or Rescue Squad
	COUNTY EMPLOYMENT Employee: Position or Promotion
	Social Services Request <input type="checkbox"/> Other.. Please Specify

APPLICANT'S PERSONAL INFORMATION	
LAST NAME (With Suffix)	
FIRST NAME	
FULL MIDDLE NAME	
MAIDEN NAME	
SOCIAL SECURITY NUMBER	
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE	
HEIGHT	<i>'Feet "Inches</i>
WEIGHT	<i>Pounds</i>
EYE COLOR	
HAIR COLOR	
BIRTH DATE	
STATE OF BIRTH	
COUNTRY OF BIRTH	

CURRENT ADDRESS	
CITY, STATE & ZIP	
Home Telephone	
Work Telephone	
Cellular Telephone	
If Your Current Address Is Less Than Five (5) Years, Please Provide Your Previous Address Information.	
PREVIOUS ADDRESS	
CITY STATE & ZIP	