**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 I am willingly and voluntarily permitting an investigation of my background to be conducted to verify the presence or lack of any past violations of law.

I understand that the purpose of this check is to promote my success toward gaining employment and for 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 6 months from signature date.

(Specify date, event, or condition upon which it will expire - WITHIN 180 DAYS)

unless revoked by me in writing prior to that date.

SIGNATURE DATE

CASEWORKER NAME DATE