

[Company Name Here]
Authorization for a Criminal Records Check

Please fill out completely. Type or print clearly.

Last Name:	First Name:	MI:
Please list any other names you have used (maiden, birth, alias):		
Current Address:		
City:	State:	Zip:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (MM/DD/YY):	
Place of Birth (City, State and Country):		
U.S. Social Security or Visa Number:		
Driver License or State ID Number:		

Whereas I am interested in being considered for a sensitive position of trust and well-being of U.S. Figure Skating participants and I am required to disclose whether or not I have any convictions or have been charged under any federal or state enactment:

And whereas I understand that disclosure of a criminal record may not necessarily preclude me from performing duties/functions/responsibilities I am interested in:

And whereas I understand that, if **Company** should decide any conviction or charge disclosed might preclude me from being involved, I will be given an opportunity to see and discuss that criminal record to determine whether or not my criminal record indicated that I present a risk to participants:

I therefore, authorize **Company** through the department of State Police or any other agency to conduct a criminal history file check or investigation by name and identifiers. I also make this authorization with the understanding that I may be required to provide my fingerprints to verify a criminal record and the fingerprints will be returned to me when the record is adjudicated.

Name: _____ **Signature:** _____ **Date:** _____
(please print)