VOLUNTEER CRIMINAL HISTORY REQUEST AND

AUTHORIZATION FORM

Name of Requester: Ellington Rec. Department		Date:	
Address: 31 Arbor Way			
City: Ellington	State: CT	Zip: 06029	
Phone Number: (860) 870-3118		E-mail address: rtedford@ellington-ct.gov	
Applicant'sName			
First	MI	Last	(maiden)
Applicant's Date of Birth			
Applicant's Social Security Number			
Applicant's Current Address			

I, undersigned, authorize and consent to any person, firm, organization, agency or corporation provided a copy (including photocopy or facsimile copy) of this **Authorization to release information** by the above stated agency any and all information or records requested regarding me, including, but not necessarily limited to, criminal information records, and background. I have authorized this information to be released in connection with my application to be a VOLUNTEER.

Any person, firm, organization, agency or corporation providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with agency guidelines.

Signature to Volunteer

Date