



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC SAFETY

State Police Bureau of Identification

1111 Country Club Road

Middletown, CT 06457-2389



VOLUNTEER CRIMINAL HISTORY REQUEST AND AUTHORIZATION FORM

Name of Requester: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

Applicants Name: _____
First MI Last (maiden)

Applicants Date of Birth: _____

Applicants Social Security Number: _____

Applicants Current Address: _____

I, the 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 the release and disclosure to such 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 of Volunteer

Date