



James City County Police Department

Authorization for Criminal History Record Check



LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
PLACE OF BIRTH - County or City	PLACE OF BIRTH State or Country		SOCIAL SECURITY NUMBER

I hereby give consent and authorize the James City County Police Department to search their files, the Central Criminal Records Exchange, and the National Crime Information Center for any information relating to my criminal history record. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with this agency. Unauthorized or further dissemination will subject the disseminator to criminal and civil penalties.

Signature of Applicant

State of _____; City/County of _____

Acknowledged and Sworn to before me this _____ day of _____, 20_____

Signature of Notary, Clerk, or Deputy Clerk

Official Title

Date Commission Expires