



275 Lake Avenue, Rochester, NY 14608 • (585) 935-7800 • Fax (585) 935-7804 • www.BivonaCAC.org

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator and or other duly accredited representative of any authorized organization conducting my background investigation, to obtain any information relating to my activities from individuals, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my residential, employment, and criminal history record information. I authorize any organization conducting my investigation to disclose the record of my background investigation to Bivona Child Advocacy Center for the purpose of making a determination of suitability for volunteer work/student internship and/or employment.

I Understand that, for financial or lending institutions, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

I Further Authorize any investigator or other duly accredited representative of any organization to request credit and/or criminal record information about me from credit bureau and/or criminal justice agencies for the purpose of determining my eligibility for employment and/or volunteer work with Bivona. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator or other duly accredited representative from any organization regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by Bivona. Copies of this authorization that show my signature are as **valid** as the original release signed by me. This authorization is valid for one (1) year from the date signed or upon the termination of my affiliation with Bivona, whichever comes first. Read, sign and date the release.

Printed Name: _____

Signature: _____ Date: _____



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CRIMINAL RECORD VERIFICATION

Personal Information

Full Name _____

Other Names used (alias) in past ten (10) years:

Maiden name _____ Names by a former marriage _____

SSN # _____ DOB _____

Current address _____
Street City State Zip

Current County of Residence _____ Phone Number _____

Past Residency History Please list former address for **past seven (7) years** only

Address: _____ County _____

City/town _____ State _____ Zip Code _____

Address: _____ County _____

City/town _____ State _____ Zip Code _____

Address: _____ County _____

City/town _____ State _____ Zip Code _____

Address: _____ County _____

City/town _____ State _____ Zip Code _____

Miscellaneous/comments: