



Elmira Police Department

POLICE BACKGROUND CHECK

Elmira Police Department Records Bureau

317 East Church Street

Elmira, New York 14901

(607) 737-5633 Fax (607) 737-5784

ALL POLICE BACKGROUND CHECKS REQUIRE ONE FORM OF PICTURE IDENTIFICATION AND A \$5.00 PROCESSING FEE PER REQUEST. ALL PAYMENTS MUST BE IN CASH. NO INFORMATION WILL BE RELEASED WITHOUT THE PROPER IDENTIFICATION AND PAYMENT OF THE PROCESSING FEE.

Use this form to request a Police Background Check of an individual or yourself. You, or the individual whose information is being requested, must complete and sign the required entries in Section One. If you represent the requesting agency, you must complete the required entries in Section Two. You will be notified when the background check is complete.

SECTION ONE – This section is to be completed by the individual consenting to the background check. Please print clearly.

Last Name:		First Name:	Other Names Used:
Date of Birth:	Social Security Number:	Current Address:	

I hereby authorize the City of Elmira Police Department to release any criminal records pertaining to myself that may be on file with that agency.

Signature: _____ Date Signed: _____

SECTION TWO – This section is to be completed by the individual or organization requesting a background check on the individual identified in Section One, if applicable. If you are requesting a background check on yourself you do not need to complete this section. You will be notified when the background check has been completed.

Name:	Agency Representing:	Phone Number:
Address:		

ELMIRA POLICE DEPARTMENT USE ONLY!

- The above named individual has no criminal record on file with this agency.
- The above named individual has the attached records on file with this agency.

Signature:	Title:	Date:
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