



CRIMINAL HISTORY RECORD CHECK CONSENT FORM

Office of Mental Retardation and Developmental Disabilities
Criminal Background Check Unit
PO Box 3005
Schenectady, NY 12303-0005
cbc.unit@omr.state.ny.us

I understand that Global Communication Services Inc is required/authorized
AGENCY/DDSO NAME

by New York State Law to request a check of my criminal history record
and to review the results of the check.

PLEASE READ EACH STATEMENT BEFORE SIGNING

IF I AM AN APPLICANT FOR EMPLOYMENT, I MAY WITHDRAW MY REQUEST WITHOUT
PREJUDICE AT ANY TIME BEFORE MY APPLICATION IS ACCEPTED OR DECLINED REGARDLESS
OF WHETHER MY CRIMINAL HISTORY RECORD INFORMATION HAS BEEN REVIEWED.

I HAVE BEEN INFORMED THAT I HAVE THE RIGHT TO OBTAIN, REVIEW AND SEEK
CORRECTION OF MY CRIMINAL HISTORY RECORD INFORMATION UNDER REGULATIONS AND
PROCEDURES ESTABLISHED BY THE NEW YORK STATE DIVISION OF CRIMINAL JUSTICE
SERVICES.

I HAVE BEEN INFORMED OF THE REASON FOR THE REQUEST FOR MY CRIMINAL
HISTORY RECORD INFORMATION.

I GIVE CONSENT TO SUCH REQUEST FOR A CRIMINAL HISTORY RECORD CHECK.

NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER _____ - _____ - _____

MAILING ADDRESS:

STREET/P.O. Box APT.

CITY STATE ZIP CODE

SIGNATURE: _____ Date: _____

SIGNATURE: _____ Date: _____
(Of parent or legal guardian if applicant is under 18 years)