

Southwest Florida Medical Reserve Corps
Criminal Background Checks Release Authorization

This document authorizes the **Florida Department of Public Safety Bureau of Criminal Apprehension to release information** use by the Southwest Florida Medical Reserve Corps.

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|---|-------|---|------|
| Identifying Information | | | |
| Please supply complete names: | | | |
| Last | First | Middle | |
| Maiden Name | | Previous Married Name | |
| Address | City | State | Zip |
| Place of Birth _____ | Month | Day | Year |
| Driver's License Number | State | Social Security Number | |
| Have you ever been convicted of a misdemeanor or a felony? _____ Yes _____ No | | | |
| If yes, you must report all such convictions, past and present. Please provide the following information – using the other side of this document or a separate, attached sheet. | | | |
| Date (month/year) of the conviction(s) | | Result (fine paid, time served and/or length of probation/parole) | |
| County/State of the offense | | Probation/parole officer's name and phone number | |
| Nature of the offense | | | |

The information that we collect about you is classified as either public or private. Public means that it is available to anyone who asks to see it. Private means that the information is available only to the person the information is about and to the staff who must use it in the normal course of conduction of county business and as otherw ise provided by law.

- 1 . I understand the information to be released, the purpose and use of the released information, and any known consequences of this release. The information to be released is private and any subsequent use and release is controlled by Florida Data Practices Act.
2. I understand that I have the right to refuse to release this information. If I refuse to release this information, it will not be possible for this office to process my application with the Southwest Florida Medical Reserve Corps.
3. I understand that I may withdraw this consent upon written notice (not retroactive) and that consent will automatically expire one year after the date of my signature.

I, the undersigned, _____ do hereby authorize you or any of your employees or agents to release to the Southwest Florida Medical Reserve Corps any or all information including but not limited to: a criminal history, arrests, criminal charges, or convictions; and Driver's record check.

I, the undersigned person, recognize that the purpose for which the above-described information may be used is to investigate and evaluate my suitability to become a registered volunteer in the Southwest Florida Medical Reserve Corps.

Signature _____ Date _____

Mail to: MRC Volunteer Coordinator
 Southwest Florida MRC
 3920 Michigan Avenue
 Fort Myers, FL 33916