NORFOLK COUNTY SHERIFF'S OFFICE

ATTACHMENT B - SECURITY CLEARANCE REQUEST FORM

(Release of Confidentiality)

The data you supply will be used to obtain information, including Criminal Offender Record Information (CORI, M.G.L. C-6 Sec 167/178). This information is necessary to determine your suitability for access into a NCSO Correctional Facility or employment. Your refusal or failure to answer all questions or to provide accurate information as required will result in your being denied access. Do not leave questions blank (Enter N/A if not applicable). Thank you for your cooperation.

_____

(Specify the reason for request)

Applicant's Name _____

(Print Last) (First) (Middle Name)

_____

Address (Street) (#) (Town) Telephone #

_____

Alias, name change, maiden name Sex Race

Date of birth: _____

Place of birth: _____ Social Security #: _____

MA License #: _____ Out of State License #: _____

Military Service: _____

Years Branch Type of Discharge

List any/all arrests to include out of State (year, arresting agency and charge):

_____

_____

Are you presently on Probation or Parole? YES _____ NO _____

(If yes, provide details below)

_____

_____

By affixing my signature below, I hereby waive my right to privacy and agree to allow the Norfolk County Sheriff's Office to obtain information, including but not limited to, my Criminal Offender Record, if any, with the understanding that the information is confidential and will be used for the reason listed above.

_____

Signature of Applicant Date

_____

Signature of staff member requesting this information Date

_____

Signature of Deputy Superintendent of Human Resources or designee Date