



OTSEGO COUNTY SHERIFF'S OFFICE

REQUEST FOR BACKGROUND CHECK

Subject Individual

Name: _____
(Last) (First) (Middle)

Address: _____
(Number, Street) (City) (State) (Zip)

Social Security # _____ - _____ - _____ Telephone # (_____) _____ - _____

DOB: ____/____/____ Date of Request: ____/____/____

By signing this, I hereby authorize the Otsego County Sheriff's Office to release any arrests made by the Otsego County Sheriff's Office to the below listed organization.

Signature _____

Requesting Organization

Name of Organization: _____

Address: _____
(Number, Street) (City) (State) (Zip)

Telephone # (_____) _____ - _____

Name of Requestor: _____ Position: _____

Record of Conviction(s)/Arrest(s)

For Departmental Use Only

Date	Conviction	Court

Check Completed by: _____

Position: _____ Date ____/____/____