

Cornell University Cooperative Extension Franklin County

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Volunteer Criminal Background Record Check Permission Form CCE-Franklin County

I, the undersigned, give authorization for Cornell Cooperative Extension Association of Franklin County to obtain a copy of my Criminal Record and any Sex Offender Registry. I state that I have provided my true Social Security Number to CCE – Franklin Cty. for their use to check my background. This authorization is good until revoked by me in writing. This information will only be used to verify my Criminal Record and registry. I have provided my Social Security Number on a separate page. I understand that my SSN will be checked against my name for verification.

This check does NOT cover driving for CCE – Franklin. There is a separate form if you are driving as a part of your volunteer responsibilities.

Name as it appears on Social Security Card:

First Name	_ Middle Name: _	
Last Name:		Name suffix:
Other Last names (ex. Maiden Name) _		
Current Address: Street #		Apt #
Town:		County:
State:		Zip Code:
Date of Birth:		Sex:
Today's Date:	Phone nu	umber:

Signature \_\_\_\_\_

Building Strong and Vibrant New York Communities

For use as background check only. Will be shredded after use.

Name: \_\_\_\_\_\_

Social Security Number \_\_\_\_\_

Building Strong and Vibrant New York Communities Cornell Cooperative Extension provides equal program and employment opportunities. NYS College of Agriculture and Life Sciences, NYS College of Human Ecology, and NYS College of Veterinary Medicine at Cornell University, Cooperative Extension associates, county governing bodies, and U.S. Department of Agriculture, cooperating.