



Cornell University
Cooperative Extension
Essex County

Essex County
Cooperative Extension
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Volunteer Criminal Background Record Check Permission Form CCE-Essex County

I, the undersigned, give authorization for Cornell Cooperative Extension Association of Essex 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 – Essex Co 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 – Essex. There is a separate form if you are driving as a part of your volunteer responsibilities.

Legal First Name _____ Middle Name: _____

Legal Last Name: _____

Current Address: Street # _____ Apt # _____

Town: _____ County: _____

State: _____ Zip Code: _____

Today's Date: _____ Date of Birth: _____

Email address (required) _____

Signature _____

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.

For use as background check only. This page will be shredded after use.

Name: _____

Social Security Number _____

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