

AUTHORIZATION FOR STATE CRIMINAL RECORDS CHECK

The City of Treasure Island requests a criminal records check on the employment applicant listed below.

Last Name First Name Middle Name

Date of Birth Social Security Number Race Sex

I hereby authorize the Florida Department of Law Enforcement to check any and all records pertaining to criminal convictions and for any law enforcement agency to release to the **City of Treasure Island** information regarding convictions under Florida Statutes or statutes of other jurisdictions.

Date

Applicant for Employment