

Fort Edward Free Library Background Check

Municipality _____ Requested by _____

Name _____
 Last First Middle

Address _____

DOB _____ SS# _____ Phone _____

Have you been convicted of any crime (s)? Yes No If yes, what Court? _____

If so, what? _____

Are you on Probation or Parole? Yes No

If yes, officer's name and contact number _____

Are you a registered sex offender? Yes No If yes, what level 1 2 3 4 County _____

I affirm that the above information is true and correct to the best of my knowledge. I further authorize the Washington County Sheriff's Office or Washington County Youth Services to conduct a records check of their records and to release any pertinent information to the municipality that is requesting this check.

Signed: _____ Date: _____
 Applicant Signature

RESULTS: No record found or the following information was found

Check conducted by: _____ Date: _____

Disclaimer: The results reported above are based solely on a records check of the Washington County Sheriff's Office records system. It does not preclude that there could be records with other criminal justice agencies that are not reflected herein.