Essex County Sheriff's Department

Kevin F. Coppinger
Sheriff

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BACKGROUND INFORMATION REQUEST AND WAIVER

(PLEASE PRINT CLEARLY OR TYPE)

NAME_____
LAST FIRST MIDDLE

PREVIOUS NAME AND/OR ALIAS_____

RESIDENTIAL ADDRESS_____
(Not a P.O. Box) NUMBER STREET CITY STATE ZIP

HAVE YOU EVER RESIDED IN ANOTHER STATE?____IF YES, WHICH STATE(S)_____

SOCIAL SECURITY NUMBER_____

DRIVER'S LICENSE NUMBER STATE_____

DATE OF BIRTH_____ PLACE OF BIRTH_____

SEX_____ RACE_____ Contact Number _____

MOTHER'S MAIDEN NAME_____

FATHER'S NAME_____

I, _____, hereby release, discharge, and exonerate the Essex County Sheriff's Department, its agents and representatives, and any person so furnishing information, for any and all liability of every nature and kind arising out of furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Essex County Sheriff's Department.

I further understand that the Essex County Sheriff's Department will conduct a background investigation which may include a check with past employers, a criminal records check with the local police department, the State Police, the FBI in Washington, D.C. the Massachusetts Board of Probation and Registry of Motor Vehicles. The Essex County Sheriff's Department will conduct these checks as the Department deems necessary.

_____ _____
Witness Signature