

Kenton T. Buckner
Chief of Police

Joseph L. Cecile
First Deputy Chief

Lynette E. DelFavero
Deputy Chief

Derek P. McGork
Deputy Chief

Richard F. Shoff
Deputy Chief



Position: _____

DEPARTMENT OF POLICE

Ben Walsh, Mayor

AUTHORIZATION FOR RELEASE OF INFORMATION

PLEASE PRINT

I, the undersigned, hereby authorize the Syracuse Police Department to release to:

_____ **Syracuse City School District** _____ my criminal history
on file under the following name(s):

LEGAL GIVEN NAME: _____
[Full name] First Middle Last

ALSO KNOW AS: _____

MAIDEN NAME: _____

DATE OF BIRTH: _____ / _____ / _____

SOCIAL SECURITY #: _____ - _____ - _____ **(Required)**

PRESENT ADDRESS: _____
(Address, City, State Zip)

(SIGNATURE)

(DATE)

STATE OF **NEW YORK**
COUNTY OF **ONONDAGA**

On this ____ day of _____ 20____,

Before me came _____

Personally known to me to be the individual described and who executed the foregoing instrument and acknowledge that (s)he executed the same.

(Notary Public / Comm. Of Deeds)

REQUIRED
Place ID Driver's License here- then Copy
Person fills out the copy with ID photo
REQUIRED

Revised: 3/7/19

BACKGROUND CHECK INSTRUCTIONS:

STEP 1. ATTACH ID

Acceptable ID: Driver's License, DMV Issued Non-Driver ID or Passport

STEP 2. COMPLETE FORM, PRINT OUT AND HAVE NOTARIZED.

**STEP 3. RETURN all PAPERWORK to: Jennette Olmsted, Human Resources,
725 Harrison Street, Syracuse, NY 13210
(315) 435-4171 OR Scan and email to jolmsted@scsd.us**

Department of Public Safety (315) 435-4527