



## CRIMINAL RECORD CHECK INFORMATION REQUEST

I understand an instructor/counselor/employee for Cape Elizabeth Community Services is subject to a satisfactory criminal record check and have signed below authorizing Cape Elizabeth to conduct such a check.

I understand also that the Maine State Police need to know my date of birth in order to perform the criminal record check. Therefore, I am providing my date of birth below for this express purpose and no other.

First Name

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Middle Initial

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Last Name

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Any Aliases

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Maiden Name

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Date of Birth

		/			/				
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Month

Day

Year

Signature \_\_\_\_\_ Date \_\_\_\_\_