DEPARTMENT OF MOTOR VEHICLES
RELEASE OF RECORDS REQUEST

I authorize the New York State Department of Motor Vehicles to disclose or otherwise make available to the Commack Volunteer Ambulance Corps personal information about me obtained by the department in connection to licensure, driving history, reportable accidents, and driving convictions as contained within my motor vehicle record.

Name: _____ _____ _____
FIRST MIDDLE LAST

Address: _____
STREET

_____ _____
CITY STATE ZIP

Date of Birth: _____ _____ _____
MONTH DAY YEAR

Soc. Sec. No.: _____ - _____ - _____

SIGNATURE

State of New York)
) ss.:
County of Suffolk)

Personally, appeared before me_____, to me known or having proved by satisfactory evidence has been by me duly sworn has acknowledged to be the person described herein and who executed the foregoing consent and acknowledged to me that he/she executed the same for the purpose stated.

NOTARY PUBLIC

DATED

SUFFOLK COUNTY POLICE DEPARTMENT
RELEASE OF RECORDS REQUEST

I hereby authorize the Suffolk County Police Department to perform an arrest records check, inclusive of sealed records – if any – and authorize the release of this information to the Commack Volunteer Ambulance Corps.

Name: _____ _____ _____
FIRST MIDDLE LAST

Address: _____
STREET

_____ _____
CITY STATE ZIP

Date of Birth: _____ _____ _____
MONTH DAY YEAR

Soc. Sec. No.: _____ - _____ - _____

SIGNATURE

State of New York)
) ss.:
County of Suffolk)

Personally, appeared before me_____, to me known or having proved by satisfactory evidence has been by me duly sworn has acknowledged to be the person described herein and who executed the foregoing consent and acknowledged to me that he/she executed the same for the purpose stated.

NOTARY PUBLIC

DATED

SEXUAL OFFENDER REGISTRY
DISCLOSURE OF EMPLOYER OBLIGATIONS

I authorize the Commack Volunteer Ambulance Corps to conduct a check of the Sexual Offender Registry for levels 2 and 3 offenders as required by NYS Law, using the Department of Justice National Sex Offender Registry. I understand that the information obtained during the registry check will be used solely for the purpose of determining my eligibility to participate as a member of the Commack Volunteer Ambulance Corps.

Name: _____ _____ _____
FIRST MIDDLE LAST

Address: _____
STREET

_____ _____
CITY STATE ZIP

Date of Birth: _____ _____ _____
MONTH DAY YEAR

Soc. Sec. No.: _____ - _____ - _____

SIGNATURE

State of New York)
) ss.:
County of Suffolk)

Personally, appeared before me_____, to me known or having proved by satisfactory evidence has been by me duly sworn has acknowledged to be the person described herein and who executed the foregoing consent and acknowledged to me that he/she executed the same for the purpose stated.

NOTARY PUBLIC

DATED