

The first name in second chances.SM



REQUEST FOR LOCAL LAW ENFORCEMENT RECORDS CHECK

Local Law Enforcement Agency: _____

Date: _____

APPLICANT SECTION

Last Name: _____ Aliases: _____

First Name: _____ Middle Name (full): _____

Maiden Name: _____ Social Security Number: _____

Date of Birth: _____ Sex: _____

Race: Hispanic or Latino White Black Two or More Races
 Pacific Islander American Indian Asian

Please fill out the following information for all residences for the past 5 years:

(You may make copies of this form if you run out of space)

Present Address: Street _____
City _____ State _____ Zip _____ County _____
Dates Resided: _____ to _____

Past Address: Street _____
City _____ State _____ Zip _____ County _____
Dates Resided: _____ to _____

Past Address:: Street _____
City _____ State _____ Zip _____ County _____
Dates Resided: _____ to _____

Signature of applicant consenting to records check: _____

LAW ENFORCEMENT SECTION

Please include all arrests and service calls, document the findings of this check below (or as an attachment if needed) and return as soon as possible:

Record Found: Yes: ____ No: ____ If yes, please explain: _____

Signature or Seal of Local Law Enforcement Agency _____ Date _____

Please Return To: Eckerd Kids
HR Credentialing
100 N Starcrest Dr
Clearwater, FL 33765

Fax To: 727-461-4387
Email To: credentialing@eckerd.org