

ST. LOUIS COUNTY HOME DAY CARE OPERATOR/EMPLOYEE

AUTHORIZATION FOR POLICE RECORD CHECK

NAME \_\_\_\_\_  
(Last) (First) (Middle)

\_\_\_\_\_  
(Maiden Name)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

RACE \_\_\_\_\_ SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

*I authorize the St. Louis County Police Department to release to the Director of Planning arrest/conviction information concerning myself which is on file at the Regional Justice Information Service, including City of St. Louis information, or otherwise available to the County Police Department in compliance with Chapter 610, Revised Missouri Statutes.*

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

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SIGNED) \_\_\_\_\_

(NOTARY PUBLIC)

Notary Public \_\_\_\_\_ State of Missouri

My Commission expires \_\_\_\_\_

SEAL:

(This form may be copied)

(daycare.pol)