



100 Gypsum Road  
Suite 201  
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Phone: 570-992-4500 Fax: 570-402-8890

## AUTHORIZATION TO OBTAIN CRIMINAL HISTORY

Name: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

I hereby authorize the Monroe County Control Center to obtain my criminal history information for **employment, delivery, CLEAN/NCIC access, JNET access, observation or contracted work.**

Your Signature (authorization): \_\_\_\_\_

**Please return this form to: Melissa Harris at the above address or fax.**

Please specify what date/time you would like to visit:

First Choice Date: \_\_\_\_\_ Time: \_\_\_\_\_

Second Choice Date: \_\_\_\_\_ Time: \_\_\_\_\_

We will contact you and confirm the date and time of your visit after we receive your criminal history information.