



100 Gypsum Road
Suite 201
Stroudsburg, Pa 18360
Phone: 570-992-4500 Fax: 570-402-8890

AUTHORIZATION TO OBTAIN CRIMINAL HISTORY FIELD UNIT SIT-IN PROGRAM

Company Name: _____

Employee Position: _____

Employee 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.**

Signature (authorization): _____

Please return this form to: Shawn Datesman at SDatesman@monroeco911.com or fax.