



**OFFICE OF THE SHERIFF  
COUNTY OF NIAGARA**  
5526 Niagara Street Ext.  
P.O Box 496  
Lockport, New York 14095-0496

**Michael J. Filicetti**  
*Sheriff*  
**Michael P. Dunn**  
*Undersheriff*  
(716) 438-3370

## NIAGARA COUNTY SHERIFF'S OFFICE Criminal History Record Check Application

I, the undersigned, do hereby authorize a review of, and full disclosure of, all records concerning myself to the Niagara County Sheriff's Office whether the said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of any criminal history records pertaining to my background.

I agree to indemnify and save harmless this Agency and any other criminal justice agency as defined by the Code of Federal Regulations, Title 28, Chapter 1, Part 20, any electronic data processing agencies which whom this agency or agencies have contracts to process criminal history record information and the employee's of any of the above entities (1) from and against any and all causes of action, demands, suits, and other proceedings of whatsoever nature; (2) against all liability to others including any liabilities or damages by reason of or arising out of any arrest, or imprisonment or any cause of action whatsoever, and (3) against any loss, cost, expense and damage resulting therefrom, arising out of or involving any negligence on part of the Recipient in the exercise or enjoyment of this authorization.

I further understand that a photocopy of this release is considered a valid copy of the original even though said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of the "Criminal History Record Check Application"

Name of Applicant: \_\_\_\_\_  
(Last) (First) (Middle)

Current Address: \_\_\_\_\_  
(Number/Street) (City/Town) (State) (Zip)

Maiden or other Name(s) used: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Last four of SS# \_\_\_\_\_

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

### Identification Used:

NYS Drivers License # \_\_\_\_\_

Acknowledgement to be completed by Lockport C.A.R.E.S., Inc. signatory

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_

To me known to be the same person described in the who executed the foregoing instrument and acknowledged the execution thereof.

\_\_\_\_\_  
 (Lockport CARES, Inc signatory)

Regular Volunteer  Supportive Living Volunteer



PO Box 586  
Lockport, NY 14095  
www.LockportCARES.org