



# Criminal History Record Check Consent Form

NYS Office of Mental Retardation and Developmental Disabilities  
 Criminal Background Check Unit  
 PO Box 3005  
 Schenectady, NY 12303-0005

The purpose of this form is to verify that the applicant understands and consents to the criminal history record check process.

**Instructions:**

1. Applicant must complete all fields on this form. Please print legibly.
2. Submit to Agency/Registered Provider/DDSO to retain.

Last Name	First Name	MI
Date of Birth	Social Security Number	
Street Address or PO Box (applicant's)		
City	State	Zip

**PLEASE READ EACH STATEMENT BEFORE SIGNING**

**By signing this consent form I am acknowledging that I understand and consent to the following statements:**

1. I understand that \_\_\_\_\_ (agency/DDSO/registered provider) is required/authorized by New York State Mental Hygiene Law 31.35 and Executive Law 845-b to request a check of my criminal history record.
2. Criminal history record checks are requested from the New York State Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI). The OMRDD CBC Unit is authorized to receive the results of the criminal history record check and to develop a summary of the results. The summary will indicate:
  - whether I have a criminal history record, as maintained by DCJS and/or the FBI;
  - specific crimes for which I was convicted (felony or misdemeanor) or criminal charges which do not reflect a disposition;
  - the date of the criminal charge or conviction; and
  - the jurisdiction in which the charge or conviction took place.
3. I hereby consent to the OMRDD CBC Unit providing the summary of my criminal history record information, which includes information from both DCJS and the FBI, to the agency/DDSO listed above.
4. If I am an applicant for employment, I may withdraw my request without prejudice at any time before my application is accepted or declined regardless of whether my criminal history record information has been reviewed.
5. I have been informed that I have the right to obtain, review and seek correction of my criminal history record information under regulations and procedures established by the New York State Division of Criminal Justice Services and the Federal Bureau of Investigation.
6. I have been informed of the reason for the request for my criminal history record information and consent to having my fingerprints taken for the purpose of a criminal history record check by the New York State Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI).

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

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

*(of parent or legal guardian if applicant is under 18 years)*