

DOCUMENT #2 Consent to Release Personal Information (Third Party)

***A FINGERPRINT IS REQUIRED ON THIS FORM IN THE BOX BELOW**

I, _____
(Full name of applicant)
born, _____, _____ require criminal record verification in order
(Month/Day) Year
to obtain:

Employment Private Industry (specify) _____

I hereby authorize the Royal Canadian Mounted Police central repository of criminal records to release my Criminal Record Search results to the following party:

New York State Gaming Commission
Attn: Licensing
One Broadway Center
PO box 7500
Schenectady, New York
12301-7500

I understand that I have the right to receive these results directly from the RCMP and that the assistance of a Third Party is not necessary to obtain these results.

I have read and signed the Informed Consent document and understand my rights with regard to obtaining criminal record information.

Please check the box showing what finger was used

	R Thumb
	L Thumb
	R Index
	L Index
	R Middle
	L Middle
	R Ring
	L Ring
	R Little
	L Little

This ____ Day of _____, _____

Applicant signature: _____

DOCUMENT #3 – Applicant Information

1- Applicant Identification

LAST NAME	
First name 1	
First name 2	
First name 3	

Address

<i>Unit</i>	<i>Street #</i>	<i>Street</i>	<i>City</i>	<i>Country</i>	<i>State</i>	<i>Zip Code</i>
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Phone _____ Email address _____

Birthdate _____ Gender Male Female

YYYY MM DD

2- Reason for the request:

EMPLOYMENT: (SPECIFY JOB TITLE, EMPLOYER AND COUNTY WHERE EMPLOYMENT IS TAKING PLACE)

3- Send Results to

- Send the results to this address (Third party):
New York State Gaming Commission
Attn: Licensing
One Broadway Center
PO Box 7500
Schenectady, New York
12301-7500