

# HOUSING ASSISTANCE PROGRAM OF ST. CHARLES COUNTY

Administered by: North East Community Action Corporation

815 N Bus Hwy 61

Bowling Green MO 63334

Ph: 573/324-2055 Fax: 573/324-6634

Email: [housing@necac.org](mailto:housing@necac.org)

Application Confirmation # \_\_\_\_\_

## RELEASE AUTHORIZATION

The undersigned hereby authorizes the St. Charles County Police Department ("SCCPD") to procure and take fingerprints from the undersigned for criminal history records checks of the undersigned for the purpose of obtaining housing assistance and/or participating in a housing assistance program in St. Charles County. The undersigned further authorizes St. Charles County Housing Assistance Program ("SCCHAP") and North East Community Action Corporation ("NECAC") to forward the fingerprints of the undersigned obtained by SCCPD to the Missouri State Highway Patrol for criminal history records checks of the undersigned through appropriate law enforcement agencies, including the Federal Bureau of Investigation.

The undersigned also authorizes the SCCHAP and NECAC to request from the SCCPD all local arrest and conviction information concerning the undersigned on file at the Regional Justice Information Service. A name-based check will be performed through the SCCPD for an indication of criminal history record information within the Missouri Uniform Law Enforcement and Federal Bureau of Investigation systems.

The undersigned further authorizes the SCCHAP and NECAC to review all information, open and closed, contained in the federal and Missouri criminal history record checks received from the Missouri State Highway Patrol.

As an authorized agency that conducts criminal history records checks, we are required to notify you of your privacy rights. Included with this Release is a copy of the "Noncriminal Justice Applicant's Privacy Rights". Please read and keep this document for your records. By your initials, you are confirming that you have received this document. \_\_\_\_\_ (Initials)

***Must be completed personally by the undersigned individual authorizing record release.***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle initial \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: M or F Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth - City: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License - Number: \_\_\_\_\_ State: \_\_\_\_\_

By checking I agree to the terms of this authorization Date: \_\_\_\_\_

For Office Use Only: New Household on Program \_\_\_\_\_ Addition to Household \_\_\_\_\_

Head of Household Name: \_\_\_\_\_

Please save the form, attached it and email back to [housing@necac.org](mailto:housing@necac.org).

UPDATED 12/2016