



THE COUNTY OF CHESTER



COMMISSIONERS

Michelle Kichline
Kathi Cozzone
Terence Farrell

DEPARTMENT OF EMERGENCY SERVICES

601 Westtown Road, Suite 012
West Chester, PA 19380-0990
(610) 344-5000 Fax (610) 344-5050
Website: www.chesco.org/des

FINGERPRINT RELEASE AUTHORIZATION

I hereby authorize the release to Chester County Department of Emergency Services or its representative any and all personnel and/or personal information about me, which is maintained by your institution / agency / company. This release pertains to records with regard to my employment history, educational records, criminal conviction, observations or opinions maintained in your files.

I also voluntarily submit to a fingerprint examination, to be used solely for purpose of identification as my pre-employment investigation, contractor, volunteer, or intern; or as a current Chester County Department of Emergency Services employee, contractor, volunteer, or intern.

I further request that such records be forwarded to Alison Miller, Deputy Director for Administration, who is conducting an investigation into my qualifications and fitness for appointment as a Chester County Department of Emergency Services' employee, contractor, volunteer, or intern. I acknowledge by this authorization that I release all parties concerned from any and all obligation or liability in the disclosure of the contents of such files and the observations or opinions contained therein. I certify that I have read and fully understand the foregoing statements.

DES Employees Only: I acknowledge that the Department of Emergency Services is a unique 24-hour operation. I understand that I may be required to work outside of the standard business day, and I will make any necessary arrangements in order to fulfill this requirement.

Name (print) _____
Date

Signature _____
Street Address City/State/Zip

Date of Birth _____
Race Sex (Male/Female) Social Security Number

List any aliases/maiden or nicknames

Employee Contractor* Volunteer* Intern* Other*

*Name of Company / Agency / Organization: _____

*This form must be completed and returned to the Department of Emergency Services - Administration Division **prior** to being fingerprinted. Unless otherwise directed, go to the Chester County Sheriff Office to get fingerprinted via LiveScan. Please bring a copy of this form along with government-issued photo identification to your appointment.*

Cc: Law Enforcement Data Coordinator

Update: 2018 February 15