

CROW WING COUNTY SHERIFF'S OFFICE

Office of Scott Goddard, Sheriff



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Driver's License/Criminal History Waiver

The Crow Wing County Sheriff's Office requests the following information in order to determine if you have been convicted of crimes, which directly relate to your request to take part in the Crow Wing County Sheriff's Office Ride-Along Program. The requested information is a continuation of the application process. Your signature on this form authorizes the Crow Wing County Sheriff's Office to conduct a search of your record(s) for any driver license and/or criminal history.

While you are not required to provide this information, failure to do so may result in removing your name from consideration in the Ride-Along Program. The information requested below is private data by law. Your name, including any previous names and your date of birth are necessary to accurately access criminal history information. Although optional, you are requested to provide your gender and race/ethnicity to ensure that the records received are yours. Access to this information will be limited to individuals within the Crow Wing County Sheriff's Office whose job duties reasonably require access and to any individuals to whom you provide written consent. Additionally, access to this information will be released without your consent as follows:

- if required by court order; or
• authorized by other state or federal law.

Please provide us with the information requested below. Please fill out, print and return this form.

Form fields for Last Name, Legal First Name, Middle Name, List Previous Names Used, Date of Birth, Gender, Race/Ethnicity, Address, and Phone Number.

Have you been convicted of a felony, gross misdemeanor, or misdemeanors for which a jail sentence may have been imposed? Yes [ ] No [ ]

If yes, please use the Offense History page to provide a complete chronology of your offense history. Include the type of offense, county, state, date and final disposition (i.e. jail time, fine, probation, etc.).

Driver License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

I certify the above information to be true and accurate to the best of my knowledge.

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

The Crow Wing County Sheriff's Office is Committed to Providing Public Service that is Beneficial to All Members of the Community through Leadership, Experience and Compassion.

