



York-Poquoson Sheriff's Office

An Accredited Law Enforcement Agency

"Where Independence Was Won in 1781"



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R.G. MONTGOMERY, SHERIFF

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To SCA for Youth Applicant:

Thank you for showing interest in the York-Poquoson Sheriff's Office Citizen Academy for Youth (SCA for Youth). In order to proceed with your application, we will need to conduct a background check. By signing this form, you agree and authorize for the Sheriff's Office to conduct a background check.

Please NOTE: Without this signed permission, we WILL NOT process your application for the academy.

Release of Information AUTHORIZATION

I understand that the York-Poquoson Sheriff's Office will be performing a criminal background and driving history check on my child with reference to my child's application for the York-Poquoson Sheriff's Office Citizen Academy for Youth.

I hereby authorize the York-Poquoson Sheriff's Office to have access to any and all driving record information and criminal information as it pertains to my child. I understand that the York-Poquoson Sheriff's Office considers any such information confidential and will not be released to me, or my child.

I further authorize the release of any information that is required to clarify my child's criminal background investigation, be it from any of the following:

- Person references or any person(s) having knowledge regarding my character or reputation;
- Any past or present employer
- Any Judge, Court, or Magistrate;
- Any State, Local, or Federal Law Enforcement Agency;
- Any Attorney-at-Law or other legal entity handling any criminal or traffic-related case related to me;
- Any State, Local, City or County Agency

SCA for Youth Applicant Signature Date

Parent/ Guardian Signature Date