CRIMINAL BACKGROUND CHECK
AUTHORIZATION FORM

CITY OF COOPER CITY ELECTED OFFICALS

TO BE COMPLETED BY CANDIDATE **(Note: a candidate is not required to complete this form and may decline to do so)**

PLEASE PRINT ALL REQUESTED INFORMATION.

Name:_____

Last **First** **Middle**

Other Names Used: _____

Current Address:_____

City/State/ZIP Code:_____

Social Security #:_____ **Date of Birth**_____

The City of Cooper City is requesting your social security number (SSN) in order to expedite this check. Your SSN will not be disclosed to anyone outside the City except as mandated by law.

Driver's License #:_____**State of Issue:**_____

In connection with my candidacy as an elected official of the City of Cooper City, I hereby voluntarily authorize the City to conduct a criminal background check on me. I understand that this check will cover information obtained from the Florida Department of Law Enforcement and, to the extent authorized by law, the National Criminal Information Center, pursuant to the rules and regulations of Cooper City Resolution 10-8-4 approved on August 17, 2010. I hereby release the City of Cooper City and its employees, as well as any authorized search provider, from all liability resulting from the furnishing of this information to the City of Cooper City. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Signature:_____ **Date:** _____

This document and the resulting search information may be subject to Public Records Law.

This section to be completed by the Cooper City Clerk's Office

District/Political Seat:_____

Request Date:_____