CRIMINAL HISTORY RECORD REQUEST

Moundsville Police Department
Chief Tom Mitchell
PO Box E
Moundsville, WV 26041

Marshall County Sheriff's Office
Marshall County Court House
Seventh Street
Moundsville, WV 26041

I give my permission to the Moundsville Police Department/Marshall County Sheriff's Office to disclose to the Housing Authority of the City of Moundsville a copy of my entire criminal record for the past five (5) years and any record of violent criminal or drug activity. I understand that such record will include arrests and convictions for misdemeanors and felonies, as well as probation or parole for the past five (5) hears. My name and relevant information is below:

Full Name: _____
Last First Middle

Maiden Name (If any): _____

Sex: ( ) Male ( ) Female Date of Birth: _____
MM/DD/YY

Social Security Number: _____

Driver's License #: _____ State Issued: _____

Address as shown on Driver's License: _____

Current Address: _____

Telephone Number (s): Home _____ Work _____

I understand that the information contained in my criminal history report may affect my eligibility for housing, as well as continued occupancy, at the Housing Authority of the City of Moundsville. I understand that if I have been arrested or convicted of a misdemeanor or felony violent criminal or drug related charge, I will be ineligible for public housing assistance through the Housing Authority of the City of Moundsville. I further understand that this authorization is valid for a period of five (5) years from the date I sign the authorization and that I will not be notified of future inquiries during that period of time, as long as I am continuing to request assistance or occupying a public housing unit. This authorization releases disclosure information contained in any federal, state, and/or local criminal information database or collection system, including the National Crime Information Center (NCIC)

_____ _____
Signature of Applicant/Tenant Date of Signature

_____ _____
PHA Official Signature Date of Signature

Received by (Law Enforcement Official): _____

Date of Receipt: _____

Date Processed/Returned: _____