



NINTH NY FIELD ARTILLERY REGIMENT
VETERAN CORPS OF ARTILLERY
STATE OF NEW YORK
US ARMY GARRISON FORT HAMILTON
PO BOX 90845, BROOKLYN, NEW YORK 11209

To Whom It May Concern:

I hereby authorize a criminal background report be requested and obtained by the bearer of this authorization in connection with my membership in the Veteran Corps of Artillery State of New York. I understand the information obtained by this request is derived solely from public records which may not be accurate or complete. I understand my present or prior employer will not be contacted by the bearer of this original authorization. I hereby release the Veteran Corps of Artillery State of New York and all entities providing information and reports about me from any and all liability arising out of the request for or release of information or reports. The information contained within this authorization is true and accurate to the best of my knowledge.

Please purchase a background check on the VCASNY.org website (<http://www.vcasny.org/productcategory/new-member-applications/>), and then complete this application in its entirety and email to bill.mcshane@wjmenterprises.com (email this form to WJM Enterprises only, not the VCASNY). You may also mail a printed copy to:

*WJM Enterprises LLC
343 East 74th Street APT 8L
New York, NY 10021*

Date: _____

Print Name: _____

Signature: _____

Date of Birth: _____ Social Security Number: _____

Current Street Address:

City: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Years at this address: _____ years

Admitted convictions (please provide years(s) of convictions, state and charge(s). Use a separate page if necessary.

- _____
- _____
- _____

This information is confidential and this form will be destroyed after the search is complete.