COMMONWEALTH OF MASSACHUSETTS

THE MASSACHUSETTS JUDICIARY
CONSENT TO CRIMINAL RECORD CHECK

AUTHORIZATION TO RELEASE RECORDS

Section I: **To be completed by applicant and will be conducted by the Human Resources Department on final candidate. Please attach a copy of a valid form of government-issued identification such as a Driver's License, U.S Passport, U.S Passport Card or a Permanent Resident Card**:

I understand that in order to be employed in the Massachusetts Judiciary, I must submit to a criminal record check. Therefore, I provide my consent to a criminal record check and acknowledge that the information provided below is true and accurate.

Full Name:_____
First Name Middle Name Last Name

Date of birth: _____ /_____/_____ **Social Security Number:** _____ **Gender:** _____

Maiden Name or other name(s) by which you have been known: _____

Mother's Maiden Name:_____

Father's Full Name:_____

_____ _____
Candidate Signature **Date**

Section II: **To be completed by the Hiring Manager**

Please indicate the role this candidate will fill:

Intern/Volunteer: ◯ **Per Diem:** ◯ **Full Time Employee:** ◯

Hiring Manager name/signature: _____

Section III: **To be completed by the Office of Court Management**

☐ Record check DOES comply with the Trial Court *Personnel Policies and Procedures Manual*.

☐ Record check DOES NOT comply with the Trial Court *Personnel Policies and Procedures Manual*.

_____ _____
Signature **Date**

REV(06/23)