

**REQUEST FOR CRIMINAL RECORD CHECK AND AUTHORIZATION**

\*Required by all those persons requesting to be a counselor or chaperone for any overnight District sponsored youth event.

I hereby request the South Carolina Law Enforcement Division (SLED) to release any information which pertains to any record of convictions contained in it's files or in any criminal file maintained on me whether local, state, or national. I hereby release SLED from any and all Liabilities resulting from such disclosure.

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Signature

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Print Name

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Print maiden name if applicable

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Print all aliases

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Date of birth

Place of Birth

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Social Security Number

Drivers License Number

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Current Address

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Today's Date

\*Please submit completed form along with a check for \$8.00 payable to SC NYI nor fewer than two full weeks before the event you are applying for.

**Please Mail to:** SC NYI  
5391 Dorchester Rd.  
N. Charleston, SC 29418

**Fax Copy to:** Attn: NYI SLED FORM  
843-851-9965