

YECA-911

"The Team Behind the Scenes"

SIT-A-LONG REQUEST FORM

Please Print

Name: _____ Today's Date: _____

Address: _____ City: _____ State: _____

*Phone: _____ *Alternate Phone: _____

*Phone number will be utilized to make contact with you to schedule sit-a-long

Employer/School/Agency: _____ Phone: _____

Social Security #: _____ Drivers License: _____ State: _____

Reason For Sit-A-Long: (circle one) Employment User Agency Training Other:

Due to the sensitive and confidential information you would be exposed to, YCCESA requires that the applicant grant a local criminal records check in order to establish security clearance for a sit-a-long. Your signature indicates your knowledge and consent for this local criminal check.

Signature: _____ Date: _____

By the nature of this sit-a-long observation, you may be exposed to confidential criminal record information, which is controlled by state and federal statutes. Misuse of such information may adversely affect the individual's civil rights and violate constitutional rights of privacy. Penal Code sections 11105 and 13300 identify who has access to criminal history information and under what circumstances it may be disseminated. Penal Code sections 11140-11144 and 13301-13305 prescribe penalties for misuse of criminal history information. Government Code Section 6200 prescribes felony penalties for misuse of public records.

Penal sections 11142 and 13303 state:

"Any person authorized by law to receive a record or information obtained from a record who knowingly furnishes the record or information to a person not authorized by law to receive the record or information is guilty of a misdemeanor."

Invasion of Privacy Civil Section 1798.53 states:

"Any person who intentionally discloses information, not otherwise public, which they know or should reasonably know was obtained from personal or confidential information maintained by a state agency or from records within a system of records maintained by a federal government agency, shall be subject to a civil action, for invasion of privacy, by the individual."

Any violation of this law may result in criminal and/or civil action.

I have read the above and understand the policy regarding misuse of criminal record information.

Signature: _____ Date: _____

Official Use Only

Criminal Check Completed By: _____ Date: _____

Approved: _____ Denied: _____ Date Assigned: _____ Time: _____ Shift: _____

Contact Person / Special Instructions:

Supervisor Signature: _____ Date: _____