

CONNECTICUT MILITARY DEPARTMENT
POLICE RECORD CHECK



PURPOSE: To determine eligibility of a prospective enlistee into the Armed Forces of the State of Connecticut

AUTHORITY: Connecticut General Statutes Section 27-2, 27-6a, 27-7, 27-8, 27-56, 27-57, 27-58, 29-11, Connecticut Regulation 601-202

INSTRUCTIONS: The applicant will complete all sections correctly and accurately to the best of their knowledge. An officer in the command will sign the form as the person and unit making the request. The individual will sign their consent to release the files. Failure to consent to the release of the files may result in dismissal from Armed Forces of the State of Connecticut.

The unit will forward the completed document to the Department of Public Safety – Bureau of Identification. Once the document is returned to the Connecticut Military Department, a copy will be maintained in the individual's records.

SEND COPIES OF APPLICATIONS & SUPPORTING DOCUMENTATION TO:

Connecticut Military Department
Military Administrative Officer
360 Broad Street Room #113
Hartford, Connecticut, 06105-3706
(860) 493-2721 (fax)

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APPLICANT INFORMATION				
Last Name		First Name		Middle Initial
Home Address (No PO Boxes)				
City		State	Zip Code	
Dates at this Residence:	From:		To:	
Date of Birth		Place of Birth (City/State)	Social Security Number	
Racial Category: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino				
Person & Unit Making this Request:				
Name (Last, First, MI)		Rank	Title	Signature
PRIVACY ACT STATEMENT				
The data are for OFFICIAL USE ONLY and will be maintained and used in strict confidence in accordance with state law and regulations. Making a knowing and willful false statement on this form may be punishable under the Connecticut Code of Military Justice. All information provided by you, which possibly may reflect adversely on your past conduct and performance, may have an adverse impact on you in your career in the Armed Forces of the State of Connecticut and in situations such as consideration for special assignment, security clearances, court martial and administrative proceedings.				
I HEREBY CONSENT TO RELEASE FROM YOUR FILES THE INFORMATION REQUESTED BELOW:			Signature	
TO BE COMPLETED BY POLICE OR JUVENILE AGENCY				
The person described above who claims to have resided at the address shown above, has applied for enlistment in the Armed Forces of the State of Connecticut. Please furnish from your files the information relative to the section below.				
Has the applicant a police or juvenile record, to include minor traffic violations? <i>(If YES, what was the offense or charge, date, disposition and sentence?)</i>			YES	NO
Is the applicant now undergoing court action of any kind? <i>(If YES, provide details)</i>			YES	NO
This is to certify that the above data as corrected are true and correct according to the record on file in this office. This information is confidential and cannot be used in any other manner except for official purposes				
MAIL TO:		Return Document To:		
State of Connecticut – Department of Public Safety Division of State Police – Bureau of Identification 1111 Country Club Road Middletown, CT 06457-2389 (860) 685-8480 – phone (860) 685-8361 – fax		State of Connecticut – Military Department Governor William A. O’Neill Armory 360 Broad Street – Room #113 Hartford, CT 06105-3780 (860) 524-4968 – phone (860) 493-2721 – fax		