NEW YORK INSTITUTE OF MASSAGE, INC. PO BOX 645

PO BOX 645 Buffalo, NY 14231 (800) 884-NYIM (716) 633-0355 (716) 633-0213 fax

Background Check Release Form

PRIVACY ACT RELEASE

I, ______, an applicant at N.Y. Institute of Massage, do hereby acknowledge the Right of Privacy Act passed by Congress that no information can be provided to unauthorized personnel without my consent.

I do hereby authorize the:

City:

County:_____

Village:_____

of ______ (State), Police department to release all information concerning any criminal history. I further agree to indemnify and hold any said police departments who provide the requested information, forever free and harmless with respect to any and all damages, claims and causes of actions resulting directly or indirectly from providing of said information. I voluntarily agree to cooperate and release from all liability the N.Y. Institute of Massage and Amherst Investigations Inc. and all other persons and companies supplying such information.

PLEASE PROVIDE THE REQUESTED CRIMINAL CONVICTION RECORD OF THE FOLLOWING:

Name of Applicant:	
Signature of Applicant:	
Signature of Witness:	
Signature of Parent/Guardian: (For applicants under 17yrs of age)	
Date of Signing:	
Applicant's Date of Birth:	
Applicant's Address:	
Applicants SS#:	
Enclose $a^{\pm 15} 00$ (Eric Country) (\$20)	00 (non Eric Country) shools on monoy of

Enclose a \$15.00 (Erie County) / \$20.00 (non-Erie County) check or money order payable to: NYIM

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