South Carolina Firefighter Registration Act

Request for Criminal Record Review

Full Name:_____

Address:_____

_____

City State Zip

Social Security #_____-_____-_____

Drivers License: State:_____ Number:_____

Race:_____ Sex: ☐ Male ☐ Female

I,_____ do hereby grant approval for the
(Print Name)

MONCKS CORNER RURAL FIRE DEPARTMENT to inquire and receive any and all
(Name of Fire Department or Employer)

criminal information pertaining to me.

_____

(Applicant Signature) (Date)

_____

(Authorized Signature) (Date)

Mail Request To: S.L.E.D. Records PO Box 21398 Columbia, SC 29221	S.L.E.D. Should return information to: Moncks Corner Rural Fire Department Attention: Chief Lee 1201 Edward Drive Moncks Corner, SC. 29461 Fax 843 899-2507