Hamilton County Sheriff Office
Personal Information Release Form

Print Clearly

Name: _____

Address: _____

Date of Birth: _____

Soc. Sec. No.: _____

Sex: M_____ F _____ Race: _____

I, the undersigned authorize the Hamilton county Sheriff Office to release information regarding any Traffic or Criminal conviction that I have on file. It is necessary to verify this Authorization, I can be contacted at telephone number _____. This Authorization is void if not exercised by the person or organization named on the reverse side of his form within (1) one year from the date signed. I hereby agree to indemnify the County of Hamilton and the Hamilton County Sheriff and his representative for any liability arising out of the improper use of the information provided.

Signature: _____ Date: _____

Form ID Mes 5/00

Certification of Purpose

I, the undersigned, certify that the information applied for will be used only for the purpose for which it is requested and agree that this information will immediately destroyed after use or if retained, not released outside my agency.

Type of Record Check:

Criminal: _____

Traffic: _____

Criminal and Traffic: _____

Information Requested By:

Company Name/Agency: Cincinnati Public Schools – ESL Volunteer Tutors Program

Date: _____

Contact Person: JoRena Phelps or Eneida Uehlin

Address: 2651 Burnet Avenue, Cincinnati, Ohio 45219

Phone No.: (513) 363-3251 Fax (513) 363-3220

FOR SHERIFF OFFICE USE ONLY

Operator: _____ Date: _____

Record: _____ No Record: _____