

MONTPELIER POLICE DEPARTMENT

CHIEF JEFFREY L. LEHMAN
221 EMPIRE ST.
MONTPELIER, OH 43543

RELEASE OF CRIMINAL HISTORY

I, _____ RESIDING AT _____,
(NAME IN FULL) (ADDRESS)

HEREBY REQUEST AND AUTHORIZE THE MONTPELIER POLICE DEPARTMENT TO RELEASE ANY AND ALL INFORMATION FROM THEIR CRIMINAL AND TRAFFIC RECORDS CONCERNING MYSELF, TO THE PERSON, AGENCY, OR COMPANY LISTED BELOW.

SUCH INFORMATION MAY INCLUDE CONVICTIONS IN OTHER JURISDICTIONS IF THESE ARE KNOWN TO THE MONTPELIER POLICE DEPARTMENT.

I AM AWARE THAT THE MONTPELIER POLICE DEPARTMENT HAS NO CONTROL OVER ANY SUBSEQUENT RELEASE(S) OF THIS INFORMATION ONCE IT HAS BEEN PROVIDED TO MYSELF, AND/OR TO THE ABOVE PERSONS, AGENCY, OR COMPANY.

NAME & ADDRESS OF COMPANY:

PERSONAL INFORMATION NEEDED:

(FIRST, MIDDLE, AND LAST NAME)

(WOMEN, MAIDEN NAME IF APPLIES) (ALIASES)

DATE OF BIRTH _____

SOCIAL SEC. NO. _____

HEIGHT _____ WEIGHT _____

HAIR _____ EYES _____

LICENSE # _____ EXP. _____

(SIGNATURE OF COMPANY OFFICIAL REQUESTING INFO)

(SIGNATURE OF PERSON NEEDING RECORD CHECK)

WITNESSED AND SIGNED BEFORE ME THIS _____ DAY OF _____, 20_____.

(SIGNATURE OF NOTARY PUBLIC)

SEAL

MY COMMISSION EXPIRES _____

THIS IS THE ONLY FORM MONTPELIER PD WILL ACCEPT FOR BACKGROUND CHECKS. PLEASE COMPLETE IN INK PEN.