

COMPLETE THIS FORM AND SEND TO:

Downtown Bible School

c/o Trinity United Church of Christ

150 East North St.

Wooster, Ohio 44691

AUTHORIZATION AND REQUEST FOR A CRIMINAL RECORDS CHECK
DOWNTOWN VACATION BIBLE SCHOOL

I, _____, hereby authorize Downtown Vacation Bible School to request the Wooster/Wayne County Sheriff's department to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is in a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said police/sheriff's department from all liability that may result from any such disclosure made in response to this request.

Signature of Applicant

Date

Print applicant's full name: _____

Print all other names used by the applicant (if any):

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Driver's License Number: _____

State Issuing License: _____

License Expiration Date: _____

Request Sent to :
Wayne County Justice Center
Attention: Records Dept.
201 W. North St.
Wooster, Ohio 44691

Requested By:
Downtown Bible School
c/o Trinity United Church of Christ
150 East North St.
Wooster, Ohio 44691