



**BUTLER COUNTY SHERIFF'S OFFICE
HAMILTON, OHIO 45011
513/785-1300**



PERSONAL INFORMATION RELEASE FORM

PLEASE PRINT CLEARLY

NAME: _____

MAIDEN/OTHER NAME(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

SEX: _____ RACE: _____

I, the undersigned authorize the Butler County Sheriff's Office to release information regarding any criminal convictions that I have on file with their office. This Authorization is void if not exercised by the person or organization named on this form within one (1) year from the date signed by this agency. I hereby agree to indemnify the County of Butler and the Butler County Sheriff and his representative for any liability arising out of the improper use of the information provided. I understand this criminal check only pertains to information lawfully available to the Butler County Sheriff's Office for purposes of criminal background checks and no way implies that Criminal convictions may or may not be on file with other agencies.

SIGNATURE: _____ DATE: _____

FOR SHERIFF'S OFFICE USE ONLY

This background check reflects charges and may not constitute a criminal record on the individual.

Signature of Clerk Conducting Background Check

Date: _____

_____ Photo ID Verified

_____ No record found

_____ Record Attached _____ pages attached.

*****Not Valid Without Official Copy Stamp (red) on all pages*****