

WYANDOT COUNTY SHERIFF'S OFFICE REQUEST FOR PERSONAL RECORD CHECK

I certify that I hereby request and grant permission for the **Wyandot County Sheriff's Office** to reveal any and all criminal records I have with them, excluding minor traffic arrests.

Further, I do hereby release the **Wyandot County Sheriff's Office and all individuals** connected therewith from any and all liability.

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FULL PRINTED NAME

SIGNATURE

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FULL MAIDEN NAME

SOCIAL SECURITY NUMBER

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DATE OF BIRTH

HOW LONG HAVE YOU LIVED IN WYANDOT COUNTY?

DO NOT WRITE BELOW – WYANDOT COUNTY SHERIFF'S OFFICE ONLY

RESULTS OF RECORD CHECK, I FIND THE FOLLOWING RECORD (S):

	THE ABOVE NAMED PERSON HAS <u>NO</u> RECORD OF INCARCERATION WITH THIS OFFICE AS OF THE DATE LISTED BELOW.
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	THE ABOVE NAMED PERSON <u>DOES</u> HAVE A RECORD OF INCARCERATION WITH THIS OFFICE AS OF THE DATE LISTED BELOW.
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DATE OF OFFENSE	OFFENSE	DISPOSITION (IF KNOWN)

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SIGNATURE OF PERSON PERFORMING RECORD CHECK

DATE OF RECORD CHECK