

KOSCIUSKO COUNTY SHERIFF'S DEPARTMENT



REQUEST FOR RELEASE OF LIMITED CRIMINAL HISTORY INFORMATION

DATE: _____

I, the undersigned, hereby authorize and give consent to the Kosciusko County Sheriff's Department in Warsaw, Indiana, to release any and all criminal history and information regarding myself, as that information appears in the records of the Kosciusko County Sheriff's Department, for the purpose of employment or for my personal use.

I hereby waive, release and surrender any and all rights to claims which I may have against the County of Kosciusko, the Kosciusko County Sheriff's Department, or any of the Officers or Employees of the County of Kosciusko or the Kosciusko County Sheriff's Department that may arise as a result of the release of this criminal history information.

PRINT NAME: _____ MAIDEN NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE: _____ WITNESS: _____

****SHERIFF DEPARTMENT USE ONLY****

DATE: _____

NO CONVICTION FOUND

SEE ATTACHED LIMITED CRIMINAL HISTORY

KOSCIUSKO COUNTY SHERIFF'S DEPARTMENT
221 W. Main St.
Warsaw, IN 46580