

THIS FORM IS NOT FOR IDENTIFICATION PURPOSES

I give Clintonville-Beechwold Community Resource Center permission to seek a copy of my arrest record from the Franklin County Sheriff's Office. I do hereby release the Franklin County Sheriff's Office and all Individuals connected therewith from all liability.

DATE _____, 20

SIGNATURE _____

NAME _____
(PRINT NAME IN FULL)

ALIAS NAMES _____
(MARRIED OR OTHER NAMES USED)

DATE OF BIRTH _____ SEX _____ RACE _____

SOCIAL SECURITY NUMBER (REQUIRED) _____

AGENCY REQUESTING RECORD Clintonville-Beechwold Community Resource Center

SIGNATURE OF AGENT MAKING REQUEST _____

This is a copy of the arrest record on file from 1987 to the present at the Franklin County Sheriff's Office on the above named subject. It is checked by name only, not by fingerprints, and is not verified as to the true identity of the subject in question .

DATE	CHARGE

DISPOSITIONS

Municipal Court
375 S. High St. 614-645-8186
www.fcmcclerk.com

Common Pleas Court
345 S. High St. 614-525-3650
www.franklincountyohio.gov/clerk

By _____

FRANKLIN COUNTY RECORDS TECH
370 S Front St Columbus, Ohio 43215
614-525-3364

Date _____

SHR-RE 40-4/2009