

Inspector Larry Winegardner
Bureau of Records
117 E. Market St.
Lima, Ohio 45801

Would you please complete a records check on the following person. The information is required in qualifying the participant to become **employed** at the Equestrian Therapy Program (ETP) at Fassett Farm.

Michele Andrews-Sabol, Director

NAME: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

SOC. SEC. NO. _____

* * * * *

I hereby authorize the Lima City Police Department to release any and all information from its criminal records concerning myself to the ETP Director. Such information MAY include convictions in other jurisdictions if the Lima City Police Department knows of these convictions. I am aware that such information may not be released without my signature. I AM AWARE THAT THE LIMA CITY POLICE DEPARTMENT HAS NO CONTROL OVER ANY SUBSEQUENT RELEASES OF THIS INFORMATION ONCE IT HAS BEEN PROVIDED TO THE ETP DIRECTOR.

Date signed by Subject

Signature of Subject to be Checked

On the **reverse side** hereof is a list of the arrest/conviction file at the Lima City Police Department on the above named subject. It is only a check by name and not by fingerprints and therefore is unverified as to the true identity of the subject in question. It contains a record of arrests/convictions made within the jurisdiction of the Lima Police Department.

Officer, Records Bureau: _____
Name

Title

Date