

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 **volunteer** 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