

Hamilton County Sheriff Office  
Personal Information Release Form

Print Clearly

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Soc. Sec. No: \_\_\_\_\_  
Sex: M \_\_\_\_\_ F \_\_\_\_\_ Race: \_\_\_\_\_

I, the undersigned authorize the Hamilton County Sheriff Office to release information regarding any Traffic or Criminal convictions that I have on file. If it is necessary to verify this Authorization, I can be contacted at telephone number \_\_\_\_\_. This Authorization is void if not exercised by the person or organization named on the reverse side of this form within (1) one year from the date signed. I hereby agree to indemnify the County of Hamilton and the Hamilton County Sheriff and his representatives for any liability arising out of the improper use of the information provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form ID Hcs 2-90

Certification of Purpose

I, the undersigned, certify that the information applied for will be used only for the purpose for which it is requested and agree that this information will immediately be destroyed after use or if retained, not released outside my agency.

Type of Record Check:

Criminal: \_\_\_\_\_

Traffic: \_\_\_\_\_

Criminal and Traffic: \_\_\_\_\_

Information Requested By:

Company Name/Agency: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

FOR SHERIFF OFFICE USE ONLY:

Operator: \_\_\_\_\_ Date: \_\_\_\_\_

Record: \_\_\_\_\_ No Record: \_\_\_\_\_