

HAMILTON COUNTY SHERIFF'S OFFICE
Personal Information Release Form

Please Print Clearly

Name: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

Sex: Male _____ Female _____ Race: _____

I, the undersigned, authorize the Hamilton County Sheriff's 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 below within (1) 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: _____

FOR OFFICIAL OFFICE USE ONLY
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.

Information Requested By: _____ *Date:* _____

Company Name/Agency: _____

Contact Person: _____ Phone Number: _____

Address: _____

For Sheriff Office Use Only

Operator: _____ Date: _____

Record: _____ No Record: _____