Bearcat Buddies

By participating in the Bearcat Buddies volunteer tutoring program I give permission to the Literacy Network of Greater Cincinnati to perform a background check. I understand the results of this background check will be seen by the Literacy Network of Greater Cincinnati and shared with the Cincinnati Public School district and the Center for Community Engagement if necessary. I do not have any open records and I know that I can be denied participation in Bearcat Buddies due to background check results.

Name:			
a•	D .		
Signature:	Date:		

--Please complete both sides of this document--

HAMILTON COUNTY SHERIFF'S OFFICE

Personal Information Release Form

Please Print Clearly

Name:			
Local Address:			
Date of Birth:			
Social Security Nun	nber:		
Sex: Male	Female	Race	
Criminal conviction contacted at the tele is void if not exercise signed. I hereby agr		ecessary to verify this A tion named below within the Hamilton and the Ha	Authorization, I can be This Authorization (1) one year from the date milton County Sheriff and his
Signature:		Date	:
	<u>Do not wri</u>	te below this line.	
		OFFICE USE ONLY	•
	ormation applied for will be umation will be immediately d		e for which it is requested and retained not released outside
Type of Record Che	eck		
Criminal:			
Traffic:			
Criminal and Traffic	o:		
Information Reques	ted by: The Literacy Networ	k of Greater Cincinnati	
Contact Person:	Annie Schneider	Date:	9/1/2018
Address: 19 B	roadcast Plaza, 635 W. Sever	nth St. Suite 309, Cincin	nnati OH 45203
Phone Number:	513-621-7323		_
	FOR SHERIFF	OFFICE USE ONLY	
Operator:		Date:	
Record:		No Record:	