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. 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: ____________________________________________

Signature: _____________________________ Date: ___________________________
HAMILTON COUNTY SHERIFF OFFICE
Personal Information Release Form

Please Print Clearly

Name: ____________________________________________
Address: ____________________________________________
Date of Birth: ____________________________________________
Social Security Number: ___________________ ___________
Sex: Male ________ Female __________ Race ______________________

I 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 the telephone number: (_____) _______ - _______. This Authorization is void if not exercised by the person or organization named below 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: ________________

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 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: ____________________________ CINCINNATI READS
Contact Person: ____________________________ JULIE STEIMLE
Address: 635 W. SEVENTH ST. SUITE 103
19 BROADCAST PLAZA
CINCINNATI, OH 45203
Phone No: ____________________________

FOR SHERIFF OFFICE USE ONLY:

Operator: ____________________________ Date: ____________________________
Record: ____________________________ No Record: ____________________________