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## Child Safety Policy

### Request & Authorization for Criminal Records Search

I hereby request the Pickaway County Sheriff Department to release any information which pertains to any record of convictions contained in its files or in any criminal file maintained on me whether local, state or national. I hereby release the said Sheriff Department from any and all liability resulting from such disclosure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Maiden Name if applicable

\_\_\_\_\_  
Print all aliases

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Social Security Number

**Please send records to:**  
**Logan Elm Baptist Church**  
**22530 Bolender-Pontious Road**  
**Circleville, OH 43113**