



City of Cuyahoga Falls

Office of the Chief of Police
2310 Second Street
Cuyahoga Falls, Ohio 44221-2583

Jack Davis
Chief of Police

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LOCAL RECORD CHECK

Authorization was given to the Cuyahoga Falls Police Department to make a full disclosure of all arrest records held by the Cuyahoga Falls Police Department concerning myself to _____ whether or not said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of my arrest record with the Cuyahoga Falls Police Department.

I certify that any person (s) who may furnish information concerning my record shall not be held accountable for giving the information. I do hereby release said person (s), the Cuyahoga Falls Police Department and the City of Cuyahoga Falls from any and full liability, which may incur as a result of furnishing such information. The Records Bureau of the Police Department will file a copy of this document.

For a more complete arrest or conviction record information, you must contact Ohio Bureau of Criminal Identification and Investigation. Several private companies offer background investigations for a fee that may contain information not reported to the Ohio Bureau of Criminal Identification and Investigation. A certified copy of final dispositions on these charges can be obtained from the Clerk of Courts.

In order to obtain this information from B.C.I., it will be necessary for you to be fingerprinted.

(Print Name)

(Full Signature)

(Date of Birth)

(Date)

_____-_____-_____
(Social Security Number)

(Address)

(City-State-Zip)

Results of Local Record Check: (This box is shaded gray for security.)

Name of person completing check: _____