



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LIMA FAMILY YMCA
345 S. Elizabeth St., Lima, Ohio 45801
P 419-223-6045 F 419-223-0771
www.limaymca.net

Lima Police Department
Bureau of Records
117 E. Market St.
Lima, OH 45801

Would you please complete a records check on the following person. The information is required in qualifying the applicant for employment at the Lima YMCA.

Michelle R. Marshall
Michelle R. Marshall, HR Director

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ SOC. SEC. NO. _____

I hereby authorize the Lima City Police Department to release any and all information from its criminal records concerning myself to the Lima YMCA President. Such information MAY include convictions in other jurisdictions if these convictions are known to the Lima City Police Department. I am aware that such information may not be released without my signature. I AM AWARE THAT THE LIMA CITY POLICE DEPARTMENT HAS NO CONTROL OVER ANY SUBSEQUENT RELEASES OF THIS INFORMATION ONCE IT HAS BEEN PROVIDED TO THE LIMA YMCA PRESIDENT.

Date signed by Subject

Signature of Subject to be Checked

On the reverse side hereof is a list of the arrest/conviction file at the Lima City Police Department on the above named subject. It is only a check by name and not by fingerprints and therefore is unverified as to the true identity of the subject in question. It contains a record of arrests/convictions made within the jurisdiction of the Lima Police Department.

Officer, Records Bureau: _____
Name

Title

Date