



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