

## CRIMINAL HISTORY REQUEST AND WAIVER

Date: \_\_\_\_\_

TO: Noble County Sheriff's Department  
PO Box 22, 210 S. 7t St.  
Albion, IN 46701

I hereby authorize and give my consent for the release of my criminal record; if any, by the Noble County Sheriff's Department as may be required for the purpose of employment or personal use.

I hereby waive, release, and surrender any and all rights to claims which I may have against the Noble County Sheriff's Department, and ay of its officers or employees as a result of release of such records.

This release and waiver form shall expire thirty (30) days from the above date.

Date: \_\_\_\_\_

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

No Conviction Data Found

\_\_\_\_\_  
Address

Criminal History as Follows

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_

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

\_\_\_\_\_  
Officer Signature

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

Note: Criminal History Information  
is limited to felony and  
misdemeanor arrest.

\_\_\_\_\_  
Signature