

GIBSON COUNTY SHERIFF'S DEPARTMENT

LOCAL CRIMINAL RECORD CHECK

Name: _____

Maiden name: _____ DOB: _____

Social Security Number: _____ - _____ - _____

Address: _____

RELEASE OF LIABILITY

I hereby forever release and discharge the Gibson County Sheriff's Department, it's officers, employees or any person acting on it's behalf, from any claims, liability, action for damages, compensation or otherwise known, on account of, or arising out of the investigation and disclosure of the requested information.

I further release and discharge all liability from all companies, agencies, officers, and persons providing good faith, pertinent information and/or records as requested to successfully complete a background investigation.

THIS INFORMATION IS TAKEN FROM GIBSON COUNTY INDIANA SHERIFF'S DEPARTMENT RECORDS ONLY. \$7.00 FEE FOR RECORD CHECK.

Signature of Applicant

Date

Subscribed and sworn before me this _____ day of _____, 20_____.

Signature of Notary Public

My commission expires _____

City _____ County _____

<input type="checkbox"/> No local record found	Is subject registered as a sex offender in Gibson County, Indiana? _____
<input type="checkbox"/> See attached local record	
Date _____	Employee: _____

Bars _____ C&A _____ RMS _____