

SUMMIT COUNTY SHERIFF'S OFFICE
SHERIFF DREW ALEXANDER
WAIVER FOR RELEASE OF INFORMATION

- SCJ STAFF
 SCJ JAIL VOLUNTEER
 GLENWOOD / ORIANA STAFF
 GLENWOOD VOLUNTEER
 OTHER GASP

Forms completed more than (60) days old will not be accepted. Release of information to third parties is prohibited by Federal And State statutes. Please print legibly.

Full Name: _____ Alias/Maiden Name: _____

Address: _____

City, State and Zip Code: _____

Date of Birth: _____ SSN#: _____

Place of Birth: _____ Sex: Male Female

List all of the states that you have lived in: _____

Telephone Number: _____ Emergency Contact # _____

Color of Hair: _____ Color of Eyes: _____ Height: _____ Weight: _____

Name of Organization that you will be volunteering with(If Applicable): GASP

(Only complete if ID Badge is needed – For Office Use Only)

ID badge requested to be processed at this time. Yes No

Department: Medical Behavioral Health Inmate Service Staff Other _____

Full Name preferred on front of ID card: _____

Full-time Part-time Temporary

ID # _____

I hereby authorize the Summit County Sheriff's office to complete a record check on the information on the above name. I agree to hold any source of information blameless for any error in reporting this information. I release all persons from any damage on account of furnishing said information whether or not final disposition is known.

Signature: _____ Date: _____

Please write legibly. All information must be completed. YOUR DRIVER'S LICENSE NUMBER OR STATE ID NUMBER MUST ACCOMPANY THIS WAIVER. Return the completed waiver to GASP, 53 University Avenue, 4th Floor, Akron, OH 44308.

Thank you for your cooperation.

ADMINISTRATION ONLY

APPROVED DISAPPROVED

Division Commander

DRIVER'S LICENSE NUMBER
