



POLICE RECORD RELEASE FORM

- Criminal Justice
- Firefighter | EMT
- Teaching Professions

I hereby authorize any local, county, state, or federal law enforcement agency to furnish all information regarding any arrests, convictions, or information listed under my name that might be on file to the Medina County Career Center.

I hereby release said law enforcement agencies and the Medina County Career Center from all liability for damages whatsoever for furnishing and reviewing any information concerning me, whether by reason of unauthorized use, error, negligence, or for any reason.

Date: _____

Name of Student: _____

Maiden Name/Alias (if any): _____

Student Address: _____

Student Date of Birth: _____

Student Phone Number: _____

Student Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

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