



CITY OF
PERRYSBURG 
POLICE DIVISION

**AUTHORIZATION FOR
CRIMINAL HISTORY
CHECK - CPA**

I, _____, hereby authorize any member of the Perrysburg Police Division to check any federal, state or local criminal history files, or computerized databases, for any information about me pertaining to past arrests or convictions. I understand that this is an Ohio LEADS requirement due to the fact that I will be in areas where LEADS equipment is kept and/or in use.

Full Name (Signature)

Current Address

Full Name (Printed)

City, State, Zip Code

Social Security Number

Date of Birth

Witness

Date