

# POLICE RECORD CHECK

DATE OF REQUEST

**SECTION I (TO BE COMPLETED BY THE RECRUITING SERVICE)**

1. NAME OF APPLICANT (Last, First, Middle name(s))		2. SEX <input type="checkbox"/> M <input type="checkbox"/> F	3. PLACE OF BIRTH a. CITY      b. COUNTY      c. STATE		
4. DATE OF BIRTH	5. ETHNIC GROUP		6. SOCIAL SECURITY NUMBER		
7. ADDRESS IN ADDRESSEE'S JURISDICTION (See MAIL TO Block)				8. DATES RESIDED AT THIS ADDRESS	
a. NUMBER AND STREET	b. CITY	c. STATE	d. ZIP CODE	a. FROM	b. TO

The person described above, who claims to have resided at the address shown above, has applied for enlistment in the Ohio Naval Militia of the State of Ohio. Please furnish, from your files, the information relative to Section III (below). A self-addressed return envelope is provided for your convenience

**9. PERSON MAKING THIS REQUEST**

a. NAME (Last, First, Middle name(s))	b. RANK
c. SIGNATURE	d. TITLE

**SECTION II (TO BE COMPLETED BY APPLICANT)****DATA REQUIRED BY THE PRIVACY ACT OF 1974**

AUTHORITY: CSO, Art. IX; ORC Chap. 5921, 5923, 5924; ORC Sec.: 5921.01; 5921.03; 5921.04; 5921.06; 5921.09; 5921.10; 5923.01; 5923.03; 5923.28; 5923.34; - NGR Art. 600 - 200, Table- 2 - 16, AR Item 05.  
PRINCIPAL PURPOSE: To determine eligibility for enlistment in the Ohio Naval Militia of the State of Ohio.  
ROUTINE USES: If you are enlisted in the Ohio Naval Militia of the State of Ohio, this information becomes a part of your military personnel records which are used to provide promotion, reassignment, training, and other personnel management actions for you.  
DISCLOSURE: Disclosure is voluntary, however, failure to supply any required information may result in your being refused enlistment in the Ohio Naval Militia of the State of Ohio. The data are for OFFICIAL USE ONLY, and will be maintained and used in strict confidence in accordance with Federal and State laws and regulations. All information provided by you, which possibly may reflect adversely on your past conduct and performance, may have an adverse impact on you in your military career in situations such as: consideration for special assignments, security clearances, court martial and administrative proceedings, etc.

I HEREBY CONSENT TO RELEASE FROM YOUR FILES, THE INFORMATION REQUESTED BELOW.

SIGNATURE OF APPLICANT

**SECTION III (TO BE COMPLETED BY POLICE OR JUVENILE AGENCY)**

1. HAS THE APPLICANT A POLICE OR JUVENILE RECORD, TO INCLUDE MINOR TRAFFIC VIOLATIONS?  YES  NO (If YES, what was the offense or charge, date, disposition and sentence?)

2. IS THE APPLICANT UNDERGOING COURT ACTION OF ANY KIND?  YES  NO (If YES, give details)

MAIL TO:

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THIS IS TO CERTIFY THAT THE ABOVE DATA AS CORRECTED ARE TRUE AND CORRECT ACCORDING TO THE RECORD ON FILE IN THIS OFFICE. THIS INFORMATION IS CONFIDENTIAL, AND CANNOT BE USED IN ANY OTHER MANNER, EXCEPT FOR OFFICIAL PURPOSES

3. DATE	4. TITLE
5. VERIFIED BY (Signature)	