

222 East Central Parkway • Cincinnati, Ohio 45202-1225

General Information: (513) 946-1000 **General Information TDD:** (513) 946-1295

FAX: (513) 946-2250 www.hcjfs.org www.hcadopt.org www.hcfoster.org

Employer Name:	
Employee Name:	
Employee Address:	
RELEASE OF PERS	ONNEL RECORDS AND CRIMINAL RECORDS AND FINGERPRINT-BASED CHECKS
with respect to any pe	ections 2151.86 and 5153.111 require criminal records and fingerprint-based checks erson who is responsible for a child's care in out-of-home care. Hamilton County I Family Services requires certain of those checks to be performed on an annual basis
	ing organizations, may be required to audit the records of Providers to ensure sions relating to criminal record and fingerprint-based checks.
not limited to, crimin Authorization Date un	d those entitled to audit its records, to review my personnel records, including, but nal records and fingerprint-based checks. This authorization is valid from the till one year after the termination of the contract between HCJFS and Provider that records and/or fingerprint-based checks.
Signature:	
Authorization Date: _	