



Request for Local Law Enforcement Check

TO:

Name of Local Law Enforcement Agency

Street

City

State

Zip

Pursuant to Chapter 435, Laws of Florida, we request a local records check on the applicant listed below:

Last Name

First

Middle

Date of Birth

Social Security Number

Race/Sex

Please Document the findings and return information to:

Name of Facility:

Forever Families Home Study Agency, Inc.

At tn: Margot Logan, LCSW

P.O. Box 1195

Goldenrod, FL 32733 - 1195

Requested by (name and job title):

Margot Logan, LCSW, Executive Director

I hereby authorize Forever Families, Inc. to check any and all records pertaining to criminal convictions, and for any law enforcement agency to release to Forever Families, Inc. information regarding convictions under Florida Statute or statutes of other jurisdictions.

Applicant's Signature

Date

*** Take this to your local police department or sheriff's office (if outside of city limits) to have them run the check before turning it in with your new hire packet or adoption packet.