

**Forever Families Adoption Services, Inc.**  
**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 Adoption Services, Inc.**  
**Attn: Margot Logan, LCSW**  
**1155 S. Semoran Blvd.Suite 1150**  
**Winter Park, FL 32792**

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.