



OFFICE OF THE
SHERIFF OF NOBLE COUNTY

Max C. Weber,
Sheriff

Office 260-636-2182

Fax 260-636-3923

Communications/Warrants Fax (260) 636-3181
Confinement 260-636-6404

CRIMINAL HISTORY REQUEST AND WAIVER

Greg Bricker, Jail Commander

Date: _____

TO: Noble County Sheriff's Department
PO Box 22, 210 S. 7th St.
Albion, IN 46701

I hereby authorize and give my consent for the release of my criminal record; if any, by the Noble County Sheriff's Department as may be required for the purpose of employment or personal use.

I hereby waive, release, and surrender any and all rights to claims which I may have against the Noble County Sheriff's Department, and any of its officers or employees as a result of release of such records.

This release and waiver form shall expire thirty (30) days from the above date.

Date: _____

Print Full Name _____

No Conviction Data Found

Address _____

Criminal History as Follows

City/State/Zip _____

Date of Birth _____

Officer Signature _____

Social Security Number _____

Note: Criminal History Information
is limited to felony and
misdemeanor arrest.

Signature _____