

RELEASE FOR CRIMINAL BACKGROUND CHECK

I understand that, as a result of making an application to change or conform my name, I am hereby authorizing and requesting the Stark County Probate Court, its agents and authorized employees, to make any and all examinations of my criminal record, and I hereby release any police or law enforcement agency, and all individuals connected therewith, from all liability in providing such information.

DATED_____

Printed Name

Signature

Social Security Number