



6800 Hoke Road
Englewood, OH 45315
937-837-7781

Be sure to complete in black ink and write legibly.

To Whom It May Concern:

STUDENT NAME _____

D.O.B. _____ SOCIAL SECURITY NO. _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

COUNTY OF RESIDENCE _____

The above named person is an applicant at MVCTC for one of the following programs: Criminal Justice, Early Childhood Education, or Firefighter/EMS. This career field requires him/her to be checked for any criminal record before being placed in an employment position. In an effort to avoid any embarrassing developments, the MVCTC is requesting that a preliminary record check be performed. MVCTC staff will reach out should a criminal record return to discuss program implications. NOTE: Parental consent is necessary for applicants under the age of 18.

I, _____ the parent/legal guardian of above applicant (student if over the age of 18) do give consent to the Miami Valley CTC Safety Department for the criminal record check for the purpose of the application process for the MVCTC Criminal Justice, Early Childhood, or Firefighter/EMS program.

I hereby release MVCTC and any and all individuals connected therewith from all liability in connection with the dissemination of such criminal history information.

Signature of Parent/Legal Guardian Date Signature of Student

NOTE: Parental consent is necessary for applicants under the age of 18.

Complete the upper portion of this form and return to MVCTC or your home school counselor for further processing.

You will not be able to begin this program without a completed background check

MVCTC/JUVENILE COURT USE ONLY:

The above individual has been checked and the following has been verified by court records.

Juvenile Court _____ Date _____

Name (Printed) _____

Signature _____

Please check appropriate box: [] No Criminal Record [] Criminal Record Attached