

REQUEST FOR LOCAL LAW ENFORCEMENT CHECK  
FOR APPLICANTS/EMPLOYER

Hillsborough County Sheriff's Office  
Identification Section  
PO Box 3371  
Tampa, FL 33601

Pursuant to Chapter 435, Laws of Florida, the Hillsborough County Office of Child Care Licensing requests a local records check on the applicant listed below:

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Last name	First name	Middle	
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Date of birth	Race	Sex	Social Security
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Please document the findings on the check and return the findings to:

Lutz Learning Center, Inc  
621 Sunset Lane  
Lutz, FL 33549

I hereby authorize the Hillsborough County Sheriff's Department to check any, an all records pertaining to criminal convictions, and for any law enforcement agency to release to child care center above information regarding convictions under Florida Statutes or statutes of other jurisdiction.

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Date	Applicant's signature
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Lutz Learning Center, Inc  
Facility employed

Law Enforcement findings: