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GALLIA COUNTY
SHERIFF'S
OFFICE
SHERIFF MATT CHAMPLIN



RECORD CHECK

(Date)

(Full Name)

(Maiden Name if Applicable)

(Address)

(Social Security Number)

(City, State, Zip Code)

(Date of Birth)

(Phone Number)

I, _____ hereby authorize the Gallia County Sheriff's Office to conduct a record check and release said information to:

(Agency)

(Signature)

(Witness)

Gallia County Sheriff's Office Use Only

Results of record check are as follows: _____

(Signature of person conducting record check)

(Date)