

# Logansport Police Department

**SHAWN HEISHMAN**  
Chief of Police



**JASON SHIDELER**  
Assistant Chief of Police

## REQUEST FOR LOCAL BACKGROUND

### RETURN TO:

Records Clerk  
Logansport Police Department  
601 E Broadway  
Logansport, IN 46947  
FAX: 574-753-0513  
Email: [amichael@logansportpolice.com](mailto:amichael@logansportpolice.com)

I, \_\_\_\_\_, HEREBY AUTHORIZE THE LOGANSPORT POLICE  
DEPARTMENT TO REVIEW AND RELEASE MY LOCAL (**LOGANSPORT CITY RECORDS SEARCH ONLY**) CRIMINAL HISTORY  
RECORDS.

APPLICANT'S NAME: \_\_\_\_\_

MAIDEN NAME OR OTHER NAMES USED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

REASON FOR LOCAL BACKGROUND: \_\_\_\_\_

Requester's Name: \_\_\_\_\_

Requester's signature \_\_\_\_\_ Date: \_\_\_\_\_

### Inter-Office USE ONLY

Record: \_\_\_\_\_ Date: \_\_\_\_\_ Employee Initials: \_\_\_\_\_ Amount Charged: \$ \_\_\_\_\_

No Record: \_\_\_\_\_