checkfor accuracy.

Completeif applicable& attachSF400Notice of Appointment:	
Appointing/Employing Agency	Agency County
Agency Ema <u>il</u>	
Date of Appointment/Employment	

III. Attestation for County Correctional Officers

do herby certify that I am Last, First, Middle Name			
the person in charge of the county jail, county w workhouse, municipatounty correctional center, municipal-county jail or workhouse, or multicoun	multicountryunicipal	correctional center,	ind county
Name of Facility		I further certify that	lhave
authorizedLast,First,MiddleName	in	County	
to carry firearms while on duty <u>at</u>	Name of Facility		
provided that the requirements of ORC 109.722	,		
Signature Person in Charge of Jail Facility	PrintedName& Title	e of Pee&ha-52 (I)-g	2 0.005 Tc -043





Ohio Peace Officer Training Commission Office 8003467682 Fax 7408452675

STUDENT DISCLOSURES AND STATEMENT OF UNDERSTANDING

Student Name:(Last)	(First)	(MiddleName)
Previous Name(s) or Alias		
Student SSNLast 5)	Student DOB:	School Number:
School Name:		

Please answer the following questions by checking either "Yes" or "No:"

17a. Have you been convicted of a misdemeanor crime of domestic violence?	YES	NO
17b. Have you been convicted of a misdemeanor crime that has, edement of that crime, theuse or attempted use of physical force, or the threatened use of a deadly weapon? If yes, please explain your relationship with the victim (stranger, present or former spous household membechild, other family member, otherplease describe).	e, YES	NO

 $\begin{array}{l} Ohio Peac \textcircled{O} fficer Training Commission \\ Office \ 800-346-7682 \end{array}$

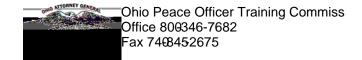
P.O.Box 309 London, OH 43140 www.OhioAttorneyGeneral.gov

OPOTC Student Wavier of Liability & Indemnity Agreement

I understand the following:

The Ohio Peace Officer Training Commission (OPOTC) provides class curriculum and assumes no responsibility other than opportunity to learn under supervision. OPOTC, the Attorney General'6 (I)-1c c.4 (n)70,2.1 (T)-13.5 (C)6.3 (,)-1 ka(,)3.12t.8 (n)to





Family Educational Rights and Privacy Act (FERPA) 20 U.S.C. § 1232g; 34 CFR Part 99) CONSENT TO RELEASE STUDENT INFORM ATION

TO ADMINISTRATOR(S) AND/OR STAFF OF:

(College University, or Career Center that will release the educational records)

Please provide information from the educational records of:

(Name of Student requesting the release of educational records to the Ohio Peace Officer Training Commiss(OPOTC)

The information to be released under this consent includes any requeesteds, other than