

REQUEST FOR LOCAL LAW ENFORCEMENT CHECK FOR APPLICANTS/EMPLOYER

Pursuant to Chapter 85-54, Laws of Florida, **Great Start Learning Center LLC** requests a local records check on the applicant listed below:

Last Name _____ First Name _____ Middle _____

Date of Birth _____ Race _____ Sex _____

Address _____

Phone Number _____ Social Security Number _____

Please document the findings on this check and return the information to:

Great Start Learning Center LLC
5334 Central FL PKWY #157
Orlando, FL 32821

_____ **Center Representative Signature**

Betty Dyson, Managing Member or Darlene Lyman, Director and Managing Member

I _____ (print applicant name) hereby authorize Pasco County Sheriff's Office to check any and all records pertaining to criminal conviction, and for any law enforcement agency to release to:

Great Start Learning Center LLC regarding conviction under Florida Statutes or of other jurisdictions.

Date _____ Signature of Applicant _____