

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, _____, hereby authorize _____ to request the police/sheriff's department to release information regarding any record or charges or convictions contained in its files, or in any criminal file maintained on me, where said file is a local, state, or national file and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said police/sheriff's department from all liability that may result from any such disclosure made in response to this request.

I agree to being fingerprinted and to have my photograph taken, as necessary.

Signature of Applicant: _____ Date: _____

Print Full Name: _____
(Last) (First) (Middle)

Print all other names and nicknames used by applicant: _____

Present Address: _____
(Street) (Apt) (City) (County) (State) (Zip)

Date of Birth: _____ Place of Birth: _____

Social Security #: _____

Driver's License #: _____ Issuing State: _____ Expiration Date: _____

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OFFICE USE ONLY

Request sent to: _____

Name: _____

Address: _____

Phone: (____) _____ - _____ Ext: _____

COMMENTS

