

REQUEST FOR CRIMINAL RECORDS CHECK AND AUTHORIZATION

I hereby request the _____ Police Department or Law Enforcement Agency to release any information which pertains to any record of criminal convictions or criminal investigations involving me contained in its files or in any criminal file maintained on me whether local, state or national. I hereby release said Police Department or Law Enforcement Agency from any and all liability resulting from such disclosure.

Signature

Print Name

Maiden Name (if applicable)

Print all aliases

Date of Birth

Place of Birth

Social Security Number

Today's Date

Record sent to:

Name _____

Address _____