

*request for records check and authorization*

This form is to be taken by the applicant to a local law enforcement agency. It is up to the discretion of that agency as to whether they complete this form or use another comparable form.

I hereby request the \_\_\_\_\_ Police Department to release any information which pertains to any record of convictions in its files. I hereby release said police department from any and all liability resulting from such disclosure.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date: \_\_\_\_\_

Record Check received from:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Results:  All Clear  Problem

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by: \_\_\_\_\_