## DEPARTMENT OF PUBLIC SAFETY / P.O. BOX 1628 / SANTA FE, NM 87504-1628 ATTN: RECORDS $\underline{\$15.00}$ PER RECORD CHECK

## AUTHORIZATION FOR RELEASE OF INFORMATION

I,	·····		
NAME (MUS	ST BE PRINTED-LEGIBLY)	(SSN#)	(DOB)
Alias' Name:	SSN:	DOB:_	
Name:	SSN:	DOB:_	
NAME OF AGE	ENCY OR PERSON RECEIVING	G ARREST RECORD	
ADDRESS:			
OBTAINING COARREST RECOINCLUDING IN INFORMATION  TO THE CUSTOSUCH INFORM  I HEREBY REIDEPARTMENT REPRESENTAT DAMAGE OF WMY HEIRS, ASSOF ANY NATUITHIS "AUTHOR HEREIN FOR "RELEASE IS BILZO DAYS FRO	ORIZED AGENT FOR ME FOOPIES OF) ANY NEW MEXIC RD INFORMATION MAINTAIN NEORMATION CONCERNING OBTAINED FROM RELEVANT DIAN OF THE RECORDS IN QUATION TO THE AUTHORIZED ACTION TO THE AUTHORIZED OF PUBLIC SAFETY, INCLUDITIVES IN ANY CAPACITY, FROM HATEVER KIND OR NATURE, SIGNS, ASSOCIATES, PERSON RE BECAUSE OF COMPLIANCIA RIZATION FOR RELEASE OF INTHIS RELEASE OR BECAUSE ON THIS RELEASE OR BECAUSE ON THE PUBLIC OR REPRESENTATIVES OF THE OR TH	CO ARREST FINGERPRED BY THE DEPARTMENT FELONY OR MISDEM FELONY OR MISDEM FINGERPRINT DATABLE OF THE PROPERTY O	INT CARD SUPPORTED ENT OF PUBLIC SAFETY, EANOR ARRESTS AND ASES.  RECT YOU TO RELEASE ABOVE.  CH RECORDS AND THE GENTS, EMPLOYEES, OR AIMS OF LIABILITY OR COULD RESULT TO ME, OR REPRESENTATIVES OR CUSTODIANS WITH PAREQUEST CONTAINED THESE RECORDS. THIS OR A PERIOD OF UP TO
	APPLICANT SI	IGNATURE:	
SIGN	ED AND SWORN TO BEFORE M	DATE: Day O	
State of	County of	— For Department of	Public Safety Use Only
(SEAL)			
(SI)	GNATURE OF NOTARY PUBLIC)	<del>,</del>	
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