

AUTHORIZATION FOR RELEASE OF POLICE RECORD

Name _____

NickName (s) _____

Current Address _____

Previous Address _____

Date of Birth _____ Height _____
Month-Day-Year Feet Inches

Weight _____ Race _____ Sex _____

Color Hair _____

Social Security Number _____

I do hereby authorize any law enforcement agency, whether City, County, State or Federal Agency, Department or Bureau, to release any information in their files or conduct an NCIC check under the above name and other information supplied by me. I understand and realize that the information so released may prove unfavorable to me. I agree to submit to fingerprinting to be forwarded to the Identification Division of the Alabama Department of Public Safety or FBI if required by the housing authority. I agree to hold any source of information blameless for any other error in reporting this information. I release all persons whomever from any liability arising out of or resulting from the release of this information.

IF IT IS DETERMINED THAT A CRIMINAL RECORD MAY EXIST AND I AM FINGERPRINTED FOR FURTHER CRIMINAL RECORD CHECKS, MY APPLICATION WILL BE DELAYED UNTIL THE NCIC REPORT BASED UPON THE FINGERPRINTS HAS BEEN RECEIVED AND REVIEWED BY THE HOUSING AUTHORITY.

THIS FORM OR COPY OF THIS FORM MAY BE SENT TO THE APPROPRIATE LAW ENFORCEMENT AGENCY AS NEEDED BY THE HOUSING AUTHORITY.

Signature Date of Birth Social Security Number Date Signed

SWORN TO and SUBSCRIBED before me this the _____ day of _____, 20 ____.

Housing Authority Representative