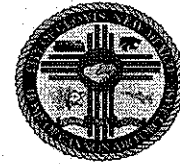




CLOVIS POLICE DEPARTMENT



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____
NAME (MUST BE PRINTED – LEGIBLY) (SSN #) (DOB)

PURSUANT TO NMSA 1978, SECTION 29-10-6 (A) (REPL. PAMP 1990), OF THE NEW MEXICO ARREST RECORD INFORMATION ACT, HERBY APPOINT:

NAME (MUST BE PRINTED) (IF NO AGENT, REPRESENTATIVE, PRINT "SELF")

ADDRESS: _____

Authorize the above mentioned agent/representative to conduct a background check for the purpose of inspecting (and/or) obtaining copies of arrest record information maintained by the Clovis Police Department, including felony or misdemeanor arrests and information.

To the custodian of the records in question, I hereby direct you to release such information to the authorized agent as described above.

I hereby release the custodian or custodians of such records of the Clovis Police Department, including any of their agents, employees, or representatives in any capacity, from any and all claims of liability or damage of whatever kind or nature, which at any time could result to me, my heirs, assigns, associates, personal representative or representatives of any nature because of compliance by said custodian or custodians with this "Authorization for Release of Information" and my request contained herein for this release or because of any use of these records. This release is binding, now and in the future.

APPLICANT SIGNATURE: _____

DATE: _____

(ATTN: NOTARY – ENSURE DOCUMENT IS SIGNED BY BOTH APPLICANT AND PARENT (GUARDIAN) IN YUR PRESENCE AND NAME, DOB, SSN INFORMATION IS VERIFIED WITH A VALID ID)

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____ 20_____.

(SIGNATURE OF NOTARY PUBLIC)

(SEAL)

MY COMMISION EXPIRES: _____