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:	
RLD I	PRIVATE INVESTIGATIONS		
	ENCY OR PERSON RECEIVING	G ARREST RECORD	
ADDRESS:	REGULATION AND LICENSI	NG SANTA FE NM	
OBTAINING COARREST RECORINCLUDING IN INFORMATION TO THE CUSTOSUCH INFORMATION I HEREBY RETHE DEPARTMEMPLOYEES, OF LIABILITY COULD RESULTOR REPRESENTOR CUSTODIAN REQUEST CONTHESE RECORVALID FOR A	ORIZED AGENT FOR ME FOOPIES OF) ANY NEW MEXIC RD INFORMATION MAINTAIN FORMATION CONCERNING OBTAINED FROM RELEVANT ODIAN OF THE RECORDS IN QUATION TO THE AUTHORIZED OF REPRESENTATIVES IN AN OR DAMAGE OF WHATEVE TO ME, MY HEIRS, ASSIGNSTATIVES OF ANY NATURE BE NOW WITH THIS "AUTHORIZATI TAINED HEREIN FOR THIS RDS. THIS RELEASE IS BIN PERIOD OF UP TO 120 DAMS, ASSOCIATES, PERSONAL	CO ARREST FINGERPR IED BY THE DEPARTME FELONY OR MISDEM IF FINGERPRINT DATAB UESTION, I HEREBY DID AGENT AS DESCRIBED OR CUSTODIANS OF Y, INCLUDING ANY IY CAPACITY, FROM A ER KIND OR NATURE, S, ASSOCIATES, PERSO ECAUSE OF COMPLIANCE ION FOR RELEASE OF IT RELEASE OR BECAUTION, NOW AND IN AYS FROM THE DA	INT CARD SUPPORTED ENT OF PUBLIC SAFETY, EANOR ARRESTS AND ASES. RECT YOU TO RELEASE ABOVE. SUCH RECORDS AND OF THEIR AGENTS, ANY AND ALL CLAIMS WHICH AT ANY TIME DNAL REPRESENTATIVE CE BY SAID CUSTODIAN NFORMATION" AND MY USE OF ANY USE OF THE FUTURE AND IS ATE SIGNED, ON MY
	APPLICANT SI	IGNATURE:	
		DATE:	
SIGNI	ED AND SWORN TO BEFORE M	E ON THIS Day O	f20
State of	County of	— For Department of	Public Safety Use Only
(SEAL)			
(SIC	GNATURE OF NOTARY PUBLIC)	<u>,</u>	
MV COMMISSION	M EVDIDEC.		