



Town of Bernalillo Police Department

829 Camino Del Pueblo, P.O. Box 638, Bernalillo, New Mexico 87004
Police Department (505) 771-5872 Human Resources (505) 771-7112

**AUTHORIZATION FOR RELEASE OF INFORMATION
FOR DEPARTMENT OF PUBLIC SAFETY**

Applicant's Name (Please Print) DOB: _____ SOC: _____

Pursuant to NMSA 1978, Section 29-10-6(A) of the New Mexico Arrest Record Information Act, I hereby appoint:

_____, TOWN OF BERNALILLO, 829 CAMINO DEL PUEBLO, BERNALILLO, NM 87004
(NAME OF AUTHORIZED AGENT)

as an authorized agent for me for the purpose of inspecting (and/or obtaining copies of) any State of New Mexico arrest record(s) information maintained by the Department of Public Safety, including information concerning felony or misdemeanor arrests and information obtained from relevant fingerprint databases.

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 of custodians of such records and the Department of Public Safety, including any of their agents, employees, or representatives in any capacity from any and all claims of liability or damage of whatever kind of nature, which at any time could result to me, my heirs, assigns, associates, personal representative or representatives 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 and is valid for a period of up to 120 from the date signed.

(Please Print)
Mailing Address: _____
 Street/Box City State ZIP

Signature of Applicant

County of: _____

State of: _____

Subscribed and sworn to before me this _____ day of _____, 20____,

Signature of Notary Public

My commission expires on: _____