356 N. Belknap Stephenville, Texas 76401 Phone: 254-918-1200 Fax: 254-918-1290 www.stephenvillepolice.org

## RELEASE OF INFORMATION FORM

| I,                  |  | do hereby release  | hereby release any and all |  |
|---------------------|--|--------------------|----------------------------|--|
| informati           | ion regarding my criminal history held | by the Stephenvill | e Police                   |  |
| Departm             | ent. My identifiers are as follows:    |                    |                            |  |
| Name                |  |                    |                            |  |
| Date of b           | oirth                                  |                    |                            |  |
| Driver's l          | License #                              |                    |                            |  |
| Social Se           | ecurity #                              |                    |                            |  |
|                     |  |                    |                            |  |
|                     |  |                    |                            |  |
|                     |  |                    | REQUESTER                  |  |
|                     |  |                    |                            |  |
| If you a<br>Notary. | re not making this request in pers     | on, you MUST sig   | in it in front of a        |  |
|                     | Sworn to and subscribed before me      | this day of        | , 2                        |  |
|                     |  |                    |                            |  |
|                     |  |                    |                            |  |
|                     |  |                    | NOTARY PUBLIC              |  |

IT IS OUR DEPARTMENT POLICY TO ONLY PERFORM BACKGROUND CHECKS ON INDIVIDUALS WITH THEIR CONSENT.