



Records Division

BROWNSVILLE POLICE DEPARTMENT RECORDS DIVISION

600 E. JACKSON STREET BROWNSVILLE, TX 78520
TEL: (956)548-7117 FAX: (956) 548-7115

Request for Local Background Check

The Brownsville Police Department conducts local criminal history checks covering from October 2005 to present.
A COPY OF A VALID ID (STATE DL/ID, CONSULATE CARD, VISA, PASSPORT) IS REQUIRED ALONG WITH A PAYMENT OF \$7. Processing time is 3 business days. Records Check is valid for 30 days.

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE (STATE & NUMBER)	
ADDRESS	CITY	STATE	
PURPOSE OF REQUEST		REQUESTOR'S EMAIL ADDRESS	
TELEPHONE NUMBER	EMPLOYER		
ADDITIONAL NAMES		ALTERNATIVE PICKUP PERSON	
SIGNATURE	DATE		

NOTARIZED AUTHORIZATION IS REQUIRED IF REQUEST IS SUBMITTED ONLINE

I, _____, DOB: _____ presently residing at _____ hereby authorize The Brownsville Police Department and its designated personnel to conduct a search of my background/criminal history check with the information I have provided to The Brownsville Police Department on its Criminal History Check form. By signing below, I am acknowledging that all of information I have provided is true and that I give my authorization to The Brownsville Police Department to proceed with the requested background check. Requester signature: _____ Date: _____

NOTARY PUBLIC I, _____, a Notary Public for the County of _____ and State of _____, do hereby certify that _____ personally appeared before me this _____ day of _____, 20____ and acknowledged the due execution of the foregoing document.

Notary Public _____

