



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

