



BROWNSVILLE POLICE DEPARTMENT RECORDS DIVISION

600 E. JACKSON ST BROWNSVILLE, TX 78520
PHONE: 956-548-7117 FAX: 956-548-7115

AUTHORIZATION FOR CRIMINAL HISTORY / BACKGROUND CHECK

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