



**BROWNSVILLE POLICE DEPARTMENT
RECORDS DIVISION**

600 E. JACKSON ST BROWNSVILLE, TX 78520
PHONE: 956-548-7118 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