LAS VEGAS METROPOLITAN POLICE DEPARTMENT

AUTHORIZATION TO RELEASE INFORMATION

APPLICANT'S NAME: _____

PLEASE PRINT

FROM: LAS VEGAS METROPOLITAN POLICE DEPARTMENT

_____ I hereby authorize and request all persons to whom this request is presented to release to the Las Vegas Metropolitan Police Department any and all information concerning me regarding arrests, convictions and licensing records. In addition, any information that can be used to verify my identity as well as to verify the accuracy and completeness of my license and/or work card application is also hereby authorized for release.

_____ A reproduction of this request by Xerox or similar process shall be for all intents and purposes as valid as the original.

_____ I understand that falsifying my application is a Gross Misdemeanor (NRS 199.120).

_____ I acknowledge that I have read the foregoing and understand the content and import thereof.

In witness whereof I have executed this request at **Las Vegas, Nevada** on the ____ day of _____, _____.

_____ Print Name

_____ Signature

STATEOF _____)
)ss:
COUNTY OF _____)

Subscribed and sworn to before me this
_____day of _____, _____.

_____
Notary Public in and for said
County and State

_____
Signature of the Las Vegas Metropolitan Police Department Officer presenting this Request
Date: _____