

KNOXVILLE POLICE DEPARTMENT

PERMISSION TO RELEASE ARREST INFORMATION

PERSON/BUSINESS REQUESTING BACKGROUND CHECK _____

NAME _____
 LAST FIRST MIDDLE MAIDEN

ALIASES _____ SOCIAL SECURITY # _____

ADDRESS _____
 STREET/ROAD APT# CITY/STATE ZIP

DATE OF BIRTH _____ SEX _____ RACE _____

DRIVERS LICENSE # _____ STATE _____ STATUS _____

I hereby authorize the Knoxville Police Department to release copies of my arrest records to the person named above.

 SIGNATURE OF PERSON RELEASING ARREST RECORD

 DATE

DO NOT WRITE BELOW THIS LINE

Inquiry Results

Local Warrant Check _____

JIMS Computer Check _____

No Record Found _____

Record Found _____

Computer Generated Arrest History Attached Y _____ N _____

Record Checked by: _____

Date: _____

Notarization

State of _____

County of _____

Personally appeared before me,

_____ with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand, at office, this _____

Day of _____, 20 _____

 Notary Public

My commission expires: _____