

POLICE RELEASE

TO: CHEMUNG COUNTY SHERIFF'S OFFICE

FROM: _____

RE: RECORDS CHECK

PRINT CLEARLY:

NAME: _____
Last name First Middle Maiden

DATE OF BIRTH: ____ / ____ / ____

ADDRESS: _____
Street City State

SOCIAL SECURITY NUMBER: ____ - ____ - ____

I hereby authorize the Chemung County Sheriff's Office to release any criminal records pertaining to myself on file at that office.

Signature

Date

BELOW TO BE COMPLETED BY THE CHEMUNG COUNTY SHERIFF'S OFFICE

The above named person has no criminal records on file at this office. _____

The above named person has the attached records on file at this office. _____

Signature of Official

Title

Date