

DEPARTMENT OF PUBLIC SAFETY / P.O. BOX 1628 / SANTA FE, NM 87504-1628  
ATTN: RECORDS \$12.00 PER RECORD CHECK

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_  
NAME (MUST BE PRINTED-LEGIBLY) (SOC) (DOB)

PURSUANT TO NMSA 1978, SECTION 29-10-6(A) (Repl. Pamp. 1990), OF THE NEW MEXICO  
ARREST RECORD INFORMATION ACT, HEREBY APPOINT:

\_\_\_\_\_  
NAME (MUST BE PRINTED) (IF NO AGENT, PRINT "SELF")  
ADDRESS: \_\_\_\_\_

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND /OR  
OBTAINING COPIES OF) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED  
ARREST RECORD INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY,  
INCLUDING INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS AND  
INFORMATION OBTAINED FROM RELEVANT FINGERPRINT DATABASES.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE  
SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE  
DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR  
REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR  
DAMAGE OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME,  
MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES  
OF ANY NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH  
THIS "AUTHORIZATION FOR RELEASE OF INFORMATION" AND MY REQUEST CONTAINED  
HEREIN FOR THIS RELEASE OR BECAUSE OF ANY USE OF THESE RECORDS. THIS  
RELEASE IS BINDING, NOW AND IN THE FUTURE AND IS VALID FOR A PERIOD OF UP TO  
120 DAYS FROM THE DATE SIGNED, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL  
REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

(\*ATTN: NOTARY-ENSURE DOCUMENT IS SIGNED BY BOTH APPLICANT AND PARENT  
(GUARDIAN) IN YOUR PRESENCE AND NAME, DOB, SOC INFO IS VERIFIED WITH A VALID ID)

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 2010.

(SEAL) \_\_\_\_\_  
(NOTARY PUBLIC)

MY COMMISSION EXPIRES: \_\_\_\_\_

For Department Use Only
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**DEPARTAMENTO DE SEGURIDAD PUBLICA - PO BOX 1628 - SANTA FE NM 87504-1628**  
**ATTN: RECORDS - \$12.00 POR COPIA VERIFICADA**  
**AUTORIZACION PARA DAR INFORMACION SOBRE ANTECEDENTES PENALES**

**YO** \_\_\_\_\_

**NAME** (debe ser escrito en letra de imprenta) (SS#) (Fecha de Nacimiento)

De acuerdo con el **Articulo NMSA 1978 Seccion 29-10-6 (A) (Repl. Pamp. 1990)** del Estrado de Nuevo Mexico Registro de Informacion de Arrestos Act., por medio de la presente autorizo:

\_\_\_\_\_  
**NAME** (debe ser escrito en letra de imprenta) (Sino tiene Agente de su Nombre)

Como representante o agente autorizado para obtener e inspeccionar copias de arrestos, huellas digitales, o cualquier otro documento referente a ofensas penales.

Doy plena autorizacion a la persona o personas encargadas de dar la informacion descrita en el paragrafo anterior.

**YO** autorizo al Departamento de Seguridad Publica y a la persona o personas encargadas de dar cualquier informacion referente a mis antecedentes penales, incluyendo ofensas menores. **YO** no tomare ninguna clase de accion en contra del Estado o representante de la Ley que se encargue de dar dicha informacion, o de las consecuencias que en el futuro puedan tener para mis herederos, socios o cualquier otra persona que me represente. +

**FIRMA** \_\_\_\_\_

**FECHA** \_\_\_\_\_

(\*Attn: NOTARIO) **ASEGURESE QUE LOS DOCUMENTOS SEAN FIRMADOS EN SU PRESENCIA Y QUE EL NOMBRE DEL INDIVIDUO, FECHA DE NACIMIENTO Y TARJETA DE IDENTIDAD SEAN VERIFICADAS)**

**CERTIFICADO Y JURADO EN MI PRESENCIA EL DIA \_\_\_\_\_ DEL MES \_\_\_\_\_ DEL AÑO \_\_\_\_\_ (SELLO)**

\_\_\_\_\_  
(NOTARIO PUBLICO)

**Mi Comision de Notario caduca el dia \_\_\_\_\_.**

Esta Seccion Para Uso Exclusivo del Departamento