



Please fax response to: 325-676-6375
Counselor: _____

AUTHORIZATION TO RELEASE POLICE RECORDS

Please complete one form for each household member 18 years of age or older
Make copies if necessary

Date of Request: _____ Name: _____
Address: _____
Telephone Number: _____

I hereby authorize any State of local Repository of Criminal records to disclose to the Abilene Housing Authority the following information contained in my file.

Signature _____

Date _____

Arrest and Conviction Records

Date of Birth: _____
Social Security Number: _____
Driver's License Number: _____

_____ White _____ Black _____ American Indian or Alaskan
_____ Hispanic _____ Non-Hispanic _____ Asian or Pacific Islander

Household Composition Member Of:

Head of Household Name _____

DO NOT WRITE BELOW THIS LINE
(To be completed by APD)

No Record Arrest(s):

Date: _____ Arrest for: _____
Date: _____ Arrest for: _____
Date: _____ Arrest for: _____
Date: _____ Arrest for: _____
Date: _____ Arrest for: _____
Date: _____ Arrest for: _____

Director of Records