



Authorization to Release Police Records
Please complete one for every member 18 years or older.
Make Copies if Necessary.

Requested by the Abilene Housing Authority: _____ Name: _____
Staff Name: _____ Address: _____
Date of Request: _____ Telephone Number: _____

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

Applicant/Program Participant's Signature _____ Date _____

Arrest or Conviction Records

Date of Birth: _____
Social Security Number: _____ White Black Hispanic Non-Hispanic
Drivers License Number: _____ Asian or Pacific Islander American Indian or Alaskan

DO NOT WRITE BELOW THIS LINE – FOR OFFICAL USE ONLY

Please return the completed form to Public Housing.
Household compensation member of:

Head of Household _____

No Record:

Arrest:

Date: _____ Arrested For: _____
Date: _____ Arrested For: _____
Date: _____ Arrested For: _____
Date: _____ Arrested For: _____
Date: _____ Arrested For: _____
Date: _____ Arrested For: _____
Date: _____ Arrested For: _____

Director of Records _____

Phone: 325-676-6032 Fax: 325-738-8091 Relay Service: 711 or 1-800-RelayTX Website: www.abilencha.org