

AUTHORIZATION FOR RELEASE OF INFORMATION

I _____, authorize the FBI to release the results of the fingerprint search of Criminal Justice Information Services Division's files to the following individual (s) / agency (ies):

Individual/Agency: _____

Address: _____

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 522a(i)(3) by a fine of not more than \$5,000.

Your Signature _____

(To be signed in the presence of a Notary)

NOTARIZATION

Subscribed and sworn to before me, this _____ day of _____, of the year _____.

Signature of Notary: _____

Expiration Date of Commission: _____

Notary Seal or Stamp