

KNOXVILLE POLICE DEPARTMENT

PERMISSION TO RELEASE ARREST INFORMATION

Person / Business Requesting Background Check: _____

Name _____
Last
First
Middle
Maiden

Aliases: _____ Social Security Number: _____

Address: _____
Street #
Street/Road Name
Apt #
City
State
Zip

Date of Birth: _____ Sex: _____ Race: _____

Driver's License Number: _____ State: _____ Status: _____

I hereby authorize the Knoxville Police Department to release copies of my arrest record to the person / business requesting the background check named above.

Signature

Date

If NOT applied for in person, Notarization is required

<u>Inquiry Results</u>	<u>Notarization</u>
Local Warrant Check: _____	State of _____
JIMS Computer Check: _____	County of _____
No Record Found: _____	Personally appeared before me, _____
Record Found: _____	With whom I am personally acquainted, and who acknowledges that he/she executed the within instrument for the purposes therein contained.
Computer Generated Arrest History Attached Y___ N___	Witness my hand, this _____ day
Record Checked By: _____	of _____, 20____.
	_____ Notary Public
Date: _____	My commission expires: _____