



**BROWNSVILLE POLICE DEPARTMENT  
RECORDS DIVISION**

600 E. JACKSON ST BROWNSVILLE, TX 78520  
PHONE: 956-548-7117 FAX: 956-548-7115

**AUTHORIZATION FOR  
CRIMINAL HISTORY / BACKGROUND CHECK**

I, \_\_\_\_\_ DOB: \_\_\_\_\_ presently residing at

\_\_\_\_\_ hereby authorize **The Brownsville Police Department** and its designated personnel to conduct a search of my background/criminal history check with the information I have provided to **The Brownsville Police Department** on its Criminal History Check form. By signing below, I am acknowledging that all of information I have provided is true and that I give my authorization to **The Brownsville Police Department** to proceed with the requested background check.

Requester signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTARY PUBLIC**

I, \_\_\_\_\_, a Notary Public for the County of \_\_\_\_\_ and State of \_\_\_\_\_, do hereby certify that \_\_\_\_\_ personally appeared

before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ and acknowledged the due execution of the foregoing document.

\_\_\_\_\_  
Notary Public