

Authorization to Release Records of Arrest and/or Convictions

By supplying the information requested below, I do willingly grant the St. Bernard Parish Sheriff's Office authorization to release, to the party that I have specified, any and all information concerning any arrests and/or convictions pertaining to my person that may be filed with the St. Bernard Parish Sheriff's Office or with other jurisdictions to which the St. Bernard Sheriff's Office may have access.

Last Name	First N	lame	Middle Initial	Suffix (Jr. Sr.
Aliases/ Maiden/	Other Names Used	1		
Social Security Number		Driver's License Nu	mber	
Race	Sex	Date of Birth		
Street Address		City/State	Zip Code	
Name and Addre	ss of Party to Whom	Records are to be Released		
Signature (REQUIRED)			Date	
Released By:				
Criminal Records Division			Date	

•Records Checks are NOT VALID Unless Sealed with SeSO Criminal Records Seal