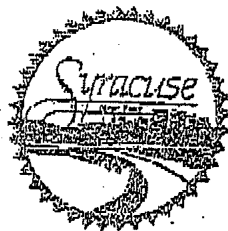


Gary Miguel
Chief of Police

Michael J. Heenan
First Deputy Chief



Deputy C
David C. Bar
Frank L. Fo

DEPARTMENT OF POLICE

Matthew J. Driscoll, Mayor

AUTHORIZATION FOR RELEASE OF INFORMATION

PLEASE PRINT

I, the undersigned, hereby authorize the Syracuse Police Department to release to:

_____ any

criminal history on file under the following name (s):

LEGAL GIVEN NAME: _____

ALSO KNOWN AS: _____

MADEN NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

PRESENT ADDRESS: _____

(SIGNATURE)

(DATE)

STATE OF
COUNTY OF

On this ___ day of _____ 20__

Before me came _____

Personally known to me to be the individual described and who executed
the foregoing instrument and acknowledged that (s)he executed the same.

(Notary Public / Comm. Of Deeds)

Gary Miguel
Chief of Police

Michael J. Heenan
First Deputy Chief



Deputy Chiefs

David C. Barrette
Frank L. Fowler

DEPARTMENT OF POLICE

Matthew J. Driscoll, Mayor

Syracuse Police Department
Identification Unit
511 South State Street
Syracuse, New York 13202

CRIMINAL HISTORY BACKGROUND CHECK

In order to process your request for a Criminal History Background Check, the Syracuse Police Department requires that the applicant's signature be notarized. In the space marked 'Requesting Agency', please indicate to whom you wish this information is to be released.

In addition, the release form must include the applicant's date of birth, Social Security number, their legal given name, maiden name and any other names used, as well as their current address.

Please enclose a self-addressed stamped envelope and a certified check or money order for \$10.00, per request. Make all checks payable to: Syracuse Police Department.

Please note that the Syracuse Police Department tracks only arrest records. Information regarding final dispositions must be obtained from applicable Court Clerk's Office.