

The applicant listed below has applied to this company for consideration of a service provided by the company. As part of our policy, we are requesting a check of your arrest records to determine if the applicant has ever been convicted of any state or municipal violation in your jurisdiction.

The applicant has been made aware of our policy and by his signature, is personally agreeable to release the requested information. All information will be held in strict confidence between the company and the applicant. A self address stamped envelope is enclosed for return mailing.

COMPANY NAME _____

ADDRESS _____

CITY / STATE / ZIP _____

PRINT NAME OF COMPANY OFFICIAL

SIGNATURE OF COMPANY OFFICIAL

APPLICANT INFORMATION

(PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE)

NAME _____ RACE _____ SEX _____

ADDRESS _____ STATE OF BIRTH _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

(APPLICANT'S SIGNATURE)

BY THIS SIGNATURE, I AUTHORIZE THE RELEASE OF MY ARREST CONVICTION RECORD AND WAIVE SUCH LEGAL RIGHTS THAT MAY ARISE OUT OF THE RELEASE AND I DO RELEASE ALL PERSONS FROM LIABILITY IN CONNECTION WITH THE RELEASE OF THIS INFORMATION.

POLICY PERMITS THE RELEASE OF ONLY THOSE CHARGES THAT HAVE RESULTED IN A CONVICTION. THE RESULTS OF THIS CHECK WERE COMPILED FROM INFORMATION OBTAINED ONLY IN OUR JURISDICTION.

DATE	OFFENSE	DISPOSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***** IMPORTANT -- THE DEPARTMENT OF POLICE CANNOT MAKE AN ACCURATE IDENTIFICATION BASED UPON NAME AND DATE OF BIRTH ONLY. ANY INFORMATION CONTAINED ON ANY NAME CHECK IS SUBJECT TO VERIFICATION BETWEEN THE REQUESTING PARTY AND THE APPLICANT. THE NEW ORLEANS POLICE DEPARTMENT ASSUMES NO RESPONSIBILITY FOR ANY ACTION RESULTING FROM THE INFORMATION FURNISHED.

IF THE IMPRINT OF THE SEAL IS NOT AFFIXED TO THIS FORM THROUGH THE NAME OF THE RECORD DIVISION CLERK, THIS FORM IS NOT VALID.

PAGE TWO ATTACHED _____

RECORD DIVISION CLERK

DATE