

POLICE RECORDS DIVISION  
North Las Vegas Police Department  
2266 Civic Center Drive  
North Las Vegas, NV 89030

CS# \_\_\_\_\_

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

Clerk: \_\_\_\_\_

RE: REQUEST FOR RECORDS CHECK:

PER NEVADA REVISED STATUTE, THE  
NORTH LAS VEGAS POLICE  
DEPARTMENT IS AUTHORIZED TO  
RELEASE OUR AGENCY'S CRIMINAL  
HISTORY INFORMATION ONLY.

FOR OTHER AGENCY INFORMATION,  
CONTACT THE AGENCY DIRECTLY  
OR  
FOR COMPLETE BACKGROUND CHECKS  
VISIT: FBI.GOV

I hereby request the Police Records Division of the North Las Vegas Police Department to make a check of the files for any arrest record that I may have, based on the information I have given below:

COMPLETE NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

COLOR OF EYES: \_\_\_\_\_ COLOR OF HAIR: \_\_\_\_\_ COMPLEXION: \_\_\_\_\_

BUILD: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

IDENTIFYING MARKS: \_\_\_\_\_  
(SCARS, TATTOOS, PIERCINGS)

I hereby authorize the North Las Vegas Police Department to list any arrests, convictions, or non-conviction information which might be contained in the file on me.

I hereby certify that the name appearing above is my true name. I am requesting access to notations of my criminal history records, if any. I fully understand that if I have employed any deception in regard to my true identity, I will be subject to prosecution.

The undersigned does hereby waive, discharge and release the North Las Vegas Police Department, County of Clark, State of Nevada, the Chief of said City, County and State, and any of his personnel, of any and all actions, claims and demands whatsoever of any kind or nature that now exist or may hereafter accrue against said parties as a result of any information given and/or supplied pursuant to and in accordance with the above request and authorization.

TYPE OF PHOTO ID: \_\_\_\_\_ ID# \_\_\_\_\_

\_\_\_\_\_  
(Signature)

IDENTITY NOT VERIFIED BY FINGERPRINTS