



CR# _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Fee \$20.00 prepaid

I, _____, hereby authorize and request the release of
(Print First/Middle/Last Name)

any/all contact

arrest records only with the LeRoy Police Dept. you may have that concerns me to a

representative of _____
(Name of Individual, Company, or Agency requesting information)

Social Security #: _____ Street Address: _____

Phone Number: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Race: _____ Sex: _____

Any other name/last name (ie: maiden name) by which you are or have been known:

This release is only for records on file at the Village of LeRoy Police Department. It will not include records from any other agencies (ie: Genesee County Sheriff's Department, NYS Troopers, etc.)

The information requested is for my background investigation and shall be valid for a period of one year from the date of the execution of this document.

REQUIRED: I have attached a copy of my valid NYS Driver's License or another government-issued photo identification.

Signature

Date

NOTE: Every effort to complete this request will be made within 7-10 working business days from the date of receipt.

Village of LeRoy Police Department
3 West Main Street, LeRoy, NY 14482
Phone: 585-768-2527
Fax: 585-768-8037