

POLICE RECORDS SECTION

Las Vegas Metropolitan Police Department
400 S. Martin L. King Blvd.
Las Vegas, Nevada 89106

ID #: _____

DATE: _____

CLERK: _____

RE: REQUEST FOR RECORDS CHECK FOR PURPOSES:

- ☐ OBTAINING IMMIGRATION LETTER/VISA
- ☐ SEALING OF RECORDS
- ☐ PERSONAL USE

Gentlemen,

I hereby request the Police Records Section of the Las Vegas Metropolitan 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: _____
*First**Middle**Last*

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

COLOR OF EYES: _____ COLOR OF HAIR: _____ COMPLEXION: _____

BUILD: _____ HEIGHT: _____ WEIGHT: _____ SOC. SEC. #: _____

IDENTIFYING MARKS: _____
(Scars, Tattoos, etc.)

I hereby authorize the Las Vegas Metropolitan Police Department to list any arrests, convictions, or non-conviction information which might be contained in 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 Las Vegas Metropolitan Police Department, County of Clark, State of Nevada, the Sheriff 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.

- ☐ ID WITH PHOTO
- ☐ NOTORIZED LETTER
- ☐ FINGERPRINT VERIFICATION UPON REQUEST

(Signature)