

## **NEW MEXICO**

- **NOTARIZED** Form – Must send Original
- Complete **ALL** required fields
  - Current legal name, SSN and DOB
  - Put "None" if no AKAs/Maiden/Aliases exist
- Be sure all Alias/Maiden/AKAs are listed on the form including the SSN and DOB
- **Applicant signature and date required**
- The date of the applicant signature must **match** Notary signature date

### **NEW MEXICO REQUIREMENTS:**

- New Mexico Request Form
- OPM General Release (if applicable)

DEPARTMENT OF PUBLIC SAFETY / P.O. BOX 1628 / SANTA FE, NM 87504-1628  
ATTN: RECORDS \$15.00 PER RECORD CHECK

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_  
NAME (MUST BE PRINTED-LEGIBLY) (SSN#) (DOB)

Alias' Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Investigative Agent, Defense Counterintelligence and Security Agency (DCSA)

**NAME OF AGENCY OR PERSON RECEIVING ARREST RECORD**

**ADDRESS:** DCSA, PO Box 618, 1137 Branchton Road, Boyers, PA 16018 (Attn. Childcare Techs)

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND /OR OBTAINING COPIES OF) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED ARREST RECORD INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS AND INFORMATION OBTAINED FROM RELEVANT FINGERPRINT DATABASES.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME, MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS "AUTHORIZATION FOR RELEASE OF INFORMATION" AND MY REQUEST CONTAINED HEREIN FOR THIS RELEASE OR BECAUSE OF ANY USE OF THESE RECORDS. THIS RELEASE IS BINDING, NOW AND IN THE FUTURE AND IS VALID FOR A PERIOD OF UP TO 120 DAYS FROM THE DATE SIGNED, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE.

**APPLICANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SIGNED AND SWORN TO BEFORE ME ON THIS** \_\_\_\_\_ **Day Of** \_\_\_\_\_ **20** \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
(SIGNATURE OF NOTARY PUBLIC)

**MY COMMISSION EXPIRES:** \_\_\_\_\_

**For Department of Public Safety Use Only**