

PERSONNEL SECURITY CONSULTANTS, INC.
P.O. Box 66686
Albuquerque, New Mexico 87193
(505) 242-0848 Office
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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, authorize the release of the results of my fingerprint search of the Criminal Justice Information Services files to Personnel Security Consultants, Inc. (PSC) for disposition research and adjudication purposes. Through this release, I give PSC permission to release the results of my disposition research and adjudication to: _____. The purpose for this release is for employment and/or volunteer purposes only and may not be used for any other reason:

Adjudicator: _____ Personnel Security Consultants, Inc. _____
Email: _____
_____ results@pscprotectsyou.com _____
Address: _____ 2116 Vista Oeste, Building 3 _____
_____ Albuquerque, NM 87120 _____

I declare, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five (5) years, or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 522a(i)(3) by a fine of not more than \$5,000.

Signature: _____ Date: _____

Adjudicator's Signature: _____ Date: _____
