



The Housing Authority of the City of Alexander City
2110 County Road, Alexander City, AL 35010
Telephone: (256) 329-2201 Fax: (256) 329-6519 & (256) 234-0778

AUTHORIZATION FOR RELEASE OF POLICE RECORD

Name: _____

Nickname: _____

Current Address: _____

Previous Address: _____

Personal Description

Date of Birth: ____/____/____

Height: ____ Ft. ____ inches

Weight _____

Color Hair _____

Social Security Number _____

I do hereby authorize any City, County, State or Federal Agency, Department of Bureau, to release any information in their files under the above name and other information supplied by me. I understand and realize that the information so released may prove unfavorable to me. I agree to submit to fingerprinting to be forwarded to the FBI if required by the housing authority. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whomever from any liability arising out of or resulting from the release of this information.

Signature: _____

DOB _____ **SS#** _____ **Date Signed** _____