

**LAS VEGAS METROPOLITAN POLICE DEPARTMENT
AUTHORIZATION TO RELEASE INFORMATION**

APPLICANT'S NAME : _____

PLEASE PRINT

FROM : LAS VEGAS METROPOLITAN POLICE DEPARTMENT

1. ____ I understand that I am applying for a privileged license, permit or work card from the city of Las Vegas / Clark County, Nevada and acknowledge that the burden of proving my qualifications for such a privilege is at all times upon me. I further understand that a full investigation will be made of my background, character and financial responsibility by the Las Vegas Metropolitan Police Department as agent of and for use by the City of Las Vegas / Clark County and I accept any risk of adverse public notice, embarrassment, criticism or financial loss which may result from action with respect to my application. This authorization and request is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act and other similar legal provisions.

2. ____ I hereby authorize and request all persons to whom this request is presented, having information relating to or concerning me, to furnish such information to a duly appointed officer of the Las Vegas Metropolitan Police Department, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

3. ____ I hereby authorize and request all persons to whom this request is presented, having documents relating to or concerning me, to permit a duly appointed officer of the Las Vegas Metropolitan Police Department to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

4. ____ If the person to whom this request is presented is a brokerage firm, bank, savings and loan or other financial institution, or an officer of same, I hereby authorize and request that a duly appointed officer of the Las Vegas Metropolitan Police Department be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including, but not limited to, past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit records, passbook records, and general ledger folio sheets.

5. ____ If the person to whom this request is presented is a criminal justice agency or repository of records of criminal history whether within or without the State of Nevada, I hereby authorize and request that a duly appointed officer of the Las Vegas Metropolitan Police Department be permitted to review and obtain copies of any and all documents, records, investigations, photographs or other information pertaining to me, including but not limited to arrests, charges, convictions, dispositions, investigative and intelligence information, records of licensing and work permit agencies including the gaming control board of the State of Nevada and records of parole and pardon agencies.

6. ____ I do hereby make, constitute and appoint any duly appointed officer of the Las Vegas Metropolitan Police Department my true and lawful attorney in fact for me in my name, place and stead, and on my behalf and for use and benefit:
 - (a) to request, review, copy, sign for otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might or could do if personally presented;
 - (b) to name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request; and
 - (c) to place the name of the Las Vegas Metropolitan Police Department officer presenting this request in the appropriate location on this request.

7. ___ I grant to said attorney in fact full power and authority to do, take and perform all and every act and thing whatsoever requisite, proper or necessary to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
8. ___ This power of attorney ends eighteen months from the date of execution.
9. ___ I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise and forever discharge the person to whom this request is presented, and his agents and employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against the person to whom this request is presented, or his agents or employees, arising out of or by reason of complying with this request.
10. ___ I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise and forever discharge the Las Vegas Metropolitan Police Department, and its agents and employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against the Las Vegas Metropolitan Police Department, or its agents or employees, arising out of or by reason of complying with this request.
11. ___ A reproduction of this request by the xerox or similar process shall be for all intents and purposes as valid as the original.
12. ___ I understand that falsifying my application is a Gross Misdemeanor (NRS 199.120).
13. ___ I acknowledge that I have read the foregoing and understand the content and import thereof.

In witness whereof, I have executed this request at **Las Vegas, Nevada**, on the _____ day of _____, _____.

Print Name

Signature

Subscribed and sworn to before me this

_____ day of _____, _____.

Notary Public in and for said County and State

Signature of the Las Vegas Metropolitan Police
Department Officer presenting this Request

Date: _____