

**AUTHORITY TO RELEASE INFORMATION**

SHERMAN POLICE DEPARTMENT  
317 SOUTH TRAVIS  
SHERMAN, TEXAS 75090

I hereby authorize you to release any information in your files pertaining to my current or previous law enforcement/criminal justice records. I hereby release you, as the custodian of such records and any law enforcement agency or criminal justice agency, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information or any attempt to comply with it. I am also furnishing my date of birth on a voluntary basis to facilitate the location of records in connection with this release. Should there be any question as to the validity of this release, you may contact me as indicated below.

I, \_\_\_\_\_ request and authorize the Sherman Police Department to release any and all arrest information concerning myself to the Sherman City Clerk's Office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
RELEASE TO (COMPANY OR INDIVIDUAL)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
PHONE NUMBER (HOME & BUSINESS)

\_\_\_\_\_  
CITY, STATE, ZIP CODE

STATE OF TEXAS

COUNTY OF GRAYSON

This instrument was acknowledged before me on \_\_\_\_\_

by \_\_\_\_\_  
Signature of Notary Public  
(SEAL)