

CITY OF LOS FRESNOS  
RECORDS DEPARTMENT  
520 E Ocean Blvd., Los Fresnos, TX 78566  
OFFICE (956) 233-5768 FAX (956) 233-9879 [jmoya@losfresnostx.gov](mailto:jmoya@losfresnostx.gov)

## Request for Local Arrest Records Check or Clearance Letter

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I request a Local Arrest Records Check showing any arrests (misdemeanor and/or felony) in the records of the Los Fresnos Police Department for me under the name below. If there are no arrests then I request a Clearance Letter stating this fact. **A COLOR COPY OF A VALID ID (STATE DL OR ID, CONSULATE CARD, VISA, PASSPORT) IS REQUIRED**

I affirm that the information I have provided is accurate and true.

<hr/> Last Name	<hr/> First Name	<hr/> Phone Number
<hr/> Date of Birth	<hr/> Social Security Number	<hr/> Driver License (State and Number)
<hr/> Address		<hr/> City / State/ Zip
<hr/> Requestor (if different name being searched)		<hr/> Request Purpose (Employment, Rent, Etc.)
<hr/> Signature		<hr/> Date

Signature confirms accuracy, authorize search and release to subject of search. Records checks will be held 30 days only. After 30 days, a new request and additional payment is required.

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**If the request is different from the subject of the search, fill out the following**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_  
(Name of person who is the subject of the search –please print)  
Request and authorize the Los Fresnos Police Department to release any and all arrest information concerning myself to \_\_\_\_\_  
Name of requestor- please print

<hr/> Signature	<hr/> Date
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Notarized authorization is required to release information if the requestor is not the subject of the search.

Before me appeared \_\_\_\_\_ who signed the authorization above.

Sworn and signed before me, a Notary Public in and for the State of \_\_\_\_\_, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_ (Seal)