

# FOR OFFICIAL USE ONLY

## NEW MEXICO

### REQUIRED FORMS

- New Mexico Request Form
- OPM General Release Form

### INSTRUCTIONS FOR SUBMISSION

- The subject of the investigation must complete the New Mexico Request Form. This form is required to search the New Mexico State Criminal Repository and fulfill the requirements of Public Law 101-647.
- **Please Note** - The State of New Mexico requires the form must be **RECEIVED** in New Mexico for processing within 120 days of the subject and notary public's signature date.

### REQUIRED FIELDS

- Please ensure all required fields on the form is complete, otherwise, this could result in a return of the form from the state repository.
- The subject's printed first, middle, and last name is required. Middle initial is acceptable. Additionally, any aliases should also be listed if any.

### SIGNATURE REQUIREMENTS

- Subject is required to sign and date the request form in front a notary public.
- **The notary's signature date must correspond with the subject's signature date. If dates differ, subject will be asked to complete another form.**

120 DAYS FROM THE DATE SIGNED, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

(\*ATTN: NOTARY-ENSURE DOCUMENT IS SIGNED BY BOTH APPLICANT AND PARENT (GUARDIAN) IN YOUR PRESENCE AND NAME, DOB, SOC INFO IS VERIFIED WITH A VALID ID)

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

(SEAL) \_\_\_\_\_  
(SIGNATURE OF NOTARY PUBLIC)

MY COMMISSION EXPIRES: \_\_\_\_\_

For Department of Public Safety Use Only

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DEPARTMENT OF PUBLIC SAFETY / P.O. BOX 1628 / SANTA FE, NM 87504-1628  
ATTN: RECORDS \$15.00 PER RECORD CHECK

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_  
**NAME (MUST BE PRINTED-LEGIBLY)** \_\_\_\_\_ **(SSN#)** \_\_\_\_\_ **(DOB)** \_\_\_\_\_

PURSUANT TO NMSA 1978, SECTION 29-10-6(A) (Repl. Pamp. 1990), OF THE NEW MEXICO ARREST RECORD INFORMATION ACT, HEREBY APPOINT:

Investigative Agent, Defense Counterintelligence and Security Agency (DCSA)  
**NAME (MUST BE PRINTED) (IF NO AGENT, PRINT "SELF")** \_\_\_\_\_  
**ADDRESS: Defense Counterintelligence and Security Agency, PO Box 618, 1137 Branchton Road,**  
**Boyers PA 16018 (Attention: Childcare Techs)** \_\_\_\_\_

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND /OR OBTAINING COPIES OF) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED ARREST RECORD INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS AND INFORMATION OBTAINED FROM RELEVANT FINGERPRINT DATABASES.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME, MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS "AUTHORIZATION FOR RELEASE OF INFORMATION" AND MY REQUEST CONTAINED HEREIN FOR THIS RELEASE OR BECAUSE OF ANY USE OF THESE RECORDS. THIS RELEASE IS BINDING, NOW AND IN THE FUTURE AND IS VALID FOR A PERIOD OF UP TO 120 DAYS FROM THE DATE SIGNED, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE.

**APPLICANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

(\*ATTN: NOTARY-ENSURE DOCUMENT IS SIGNED BY BOTH APPLICANT AND PARENT (GUARDIAN) IN YOUR PRESENCE AND NAME, DOB, SOC INFO IS VERIFIED WITH A VALID ID)

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_.

(SEAL) \_\_\_\_\_  
(NOTARY PUBLIC)

MY COMMISSION EXPIRES: \_\_\_\_\_.

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