



Records Release Form

I, _____, do hereby give permission for any and all records, documents, reports, or information pertaining to me from the Harrisonburg Police Department to be released to: _____. This release includes all of the documents/records/information of the following nature:

- Incident Report verification letter
- Crash Report
- Criminal Record Check

I further release the above named person(s) and/or businesses from any liability for the release of said records, documents, reports and information.

Signature: _____ Date: _____

Notary verification of signature:

Commonwealth of Virginia (or State of _____)

City or County of _____

Subscribed and sworn before me this date _____, Notary Public.

My Commission expires _____.