



New Mexico Criminal Records

To obtain a criminal record from the state of New Mexico, please follow the steps listed below in order.

1. A special state release form must be *signed* and *notarized*.
2. Key in requests for criminal record searches on the computer.
3. *Mail* release form to:
USIS
ATTN: Criminal Records Department
4500 S. 129th East Ave., Suite 200
Tulsa, OK 74134-5885
4. Receive criminal report on the computer at the specified turnaround time (see Turnaround Schedule).

AUTHORIZATION FOR RELEASE OF INFORMATION

I _____
NAME (MUST BE PRINTED-LEGIBLY) SSN (Required) DOB (Required)

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

_____ AND ITS AGENT USIS
NAME (MUST BE PRINTED) (IF NO AGENT, PRINT "SELF")

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

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 AND THE STATE OF NEW MEXICO, 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 COMPLAINEE 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, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVE OF ANY NATURE.

SIGNATURE: _____
(Required)

DATE: _____

(*ATTN: NOTARY-ENSURE DOCUMENT IS SIGNED 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: _____.

Mail this original, notarized form to:
USIS
4500 S. 129th E. Ave., Suite 200
Tulsa, OK 74134-5885
Attn: Criminal Record Department

Reference Only
Cust # _____
(Required)