



AVENAL POLICE DEPARTMENT

317 Alpine St., Avenal, CA 93204
Bus. 559-386-4444 Fax 559-386-4447

Letter of Clearance Authorization Form

Date: _____

Name: _____

Alias: _____

Date of Birth: _____

I request a local records check on me for any criminal records and/or contacts with the Avenal Police Department.

I understand that all records of the Avenal Police Department date back to their date of establishment, November 15, 2010, and any history prior to that date will have to be requested from the Kings County Sheriff's Office - Records Division.

I authorize the Avenal Police Department to conduct a local records check on myself for the purpose of a Letter of Clearance for police and/or for immigration purposes.

Signature

AVENAL POLICE DEPARTMENT – RECORDS DIVISION ONLY

Records Clerk: _____

ID Type and verified: _____

Date of Release: _____