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**SANTA FE COUNTY SHERIFF'S OFFICE
SANTA FE COUNTY
AUTHORIZATION TO RELEASE INFORMATION**

I, _____, hereby authorize any person, agency, partnership
(applicant's name)
or corporation having any information concerning my **CREDIT REPORT, EDUCATIONAL RECORD,
EMPLOYMENT RECORD, or SELECTIVE SERVICE RECORD**, to release such information to the
Santa Fe County Sheriff's Office. This information is to be used for possible employment with the Santa Fe County
Sheriff's Office and will not be provided for public inspection.

I hereby release such person, agency, partnership, or corporation from liability which may be incurred in releasing
this information to the Santa Fe County Sheriff's Office including liability under Federal Law.

Social Security Number

Date of Birth (MM/DD/YYYY)

Applicant's Signature

Application Date (MM/DD/YYYY)

STATE OF NEW MEXICO

COUNTY OF SANTA FE

)
) ss.
)

Subscribed and sworn to before me by;

_____ on this _____ day of _____,
(applicant's name) (day) (Month) (Year)

Notary Public (signature) (print)

My Commission Expires