

NEW MEXICO DEPARTMENT OF PUBLIC SAFETY

AUTHORIZATION FOR EXAMINATION AND RELEASE OF INFORMATION

I, _____, hereby grant permission to the New Mexico Department of Public Safety to conduct a review, full disclosure and release of any and all information authorized pursuant to federal and state law. The purpose for obtaining and examining the information is to construct a record of my personal and professional history to ensure I meet the requirements of the position and duties I have been appointed or will be appointed to perform. I understand the investigation will be conducted by the Department of Public Safety and the results of the investigation will only be supplied to the Office of the Governor.

I hereby grant the Department of Public Safety permission to obtain any information in my background pertaining to any credit (to include obtaining a copy of my credit report), education, investigation, arrest and/or conviction of myself in any criminal or civil matter. I also authorize an employee of the Office of the Governor, as my authorized representative, to obtain from the State Taxation and Revenue Department any tax information that is in any way related to me. I hereby direct you to release such information upon the request of this bearer. I hereby release you as custodian of such records for any criminal justice, law enforcement or court agency, including its officers and employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, that may at any time result to the Department of Public Safety or the State of New Mexico because of compliance with this authorization and request to release information; or any attempt to comply with it.

1. The information reviewed, disclosed and/or released may be used by the New Mexico Department of Public Safety or the Office of the Governor for any lawful purpose and/or to determine the Nominee's or appointee's suitability for gubernatorial appointment to a state position, including to any board, commission or authority or judicial position.
2. I hereby release the providers and users of the information collected pursuant to this authorization from any liability under state or federal privacy laws and further release the New Mexico Department of Public Safety, its agents, and/or employees from any liability which may be incurred as a result of the collection and use of information.
3. Judicial appointees as well as any other appointee who may be eligible may be required to undergo a fingerprint supported background check, as directed by the Office of the Governor.
4. I understand I may revoke this authorization in writing at any time.
5. This authorization will automatically expire in 60 days from the date it is signed.

DATE: _____

SIGNATURE: _____

Scribed and sworn to me on this _____ day of

_____, 20____, _____ County, New Mexico

Signed _____ Notary Public

My Commission expires: _____

PLEASE PRINT CLEARLY!

Full Name _____

Social Security # _____

Date of Birth _____

*** PLEASE INCLUDE A PHOTO COPY OF THE INDIVIDUALS PHOTO ID.**