AUTHORIZATION TO RELEASE CRIMINAL COURT RECORDS AND INFORMATION

Please provide the copie representative helping m Name:	me apply for a pardo	on. (Please send by E-N	fail/PDF if possible)	
representative helping n	ne apply for a pardo	on. (Please send by E-N	fail/PDF if possible)	
·	• .	. •		
Dloggo provido the cont				
Telephone No.:	E-Mail	l Address:	_	
Date of Birth:	Social S	Security No. [last 4]:		
Signature:		Date:		
Name [print]:				
A copy of this authorizat	tion shall be as effec	ctive as on original.		
If you do not have all five Pardons requires a state available, or confirming	ement from the Cou	rt either confirming wl	nat documents are not	
•	dict, and Sentencin		mormation, materinent	•
my pardon application:	int Affidavit of Pro	hahle Cause Criminal	Information/Indictment	
=			owing papers that I need	
Act or Act 56 of 2018. I a original, and that it be us			n be as effective as an permission will expire on	e
			be covered by the Clean S	late
I intend for this authoriz	ation to be all-inclu		on it specifically includes,	but
CP		CP	20	
CP	20	CP	20	
not limited to: <u>DOCKET NO.(S)</u>				
•	which I am or was na	nmed as a defendant ir	your county, including, b	ut
Any and all information,	documents, record	s and summaries relat	ing to any and all criminal	
hereby authorize any co	urt in any county to	release to my legal re	presentative named belo	w.
	Long monining cini			. I
To the Clerk of Courts of I am seeking copies of re		Co ninal convictions so that	nt I can apply for a pardon	