



TUPELO POLICE DEPARTMENT

CHIEF OF POLICE
John Quaka



AUTHORIZATION FOR BACKGROUND CHECK
MUST HAVE A STATE ISSUED ID
PLEASE PRINT

I hereby authorize the Tupelo Police Department to conduct a background screening check with law enforcement or any other agencies to determine suitability for employment or any other purposes.

I, _____ request a records check on myself.

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

SUFFIX: _____ RACE _____ SEX _____

DOB ____ / ____ / ____ SSN ____ / ____ / ____

DRIVER LICENSE # _____ STATE _____, State of Birth _____

Signature _____ Date ____ / ____ / ____

CITY OF TUPELO CHECK ONLY

Tupelo Police Department has performed the background check with the following results. This included all records that have been finalized by the Tupelo Municipal Court and returned to the Police Department for processing.

- () NO RECORD FOUND
- () CITY COURT _____
- () CRIMINAL RECORD _____

Tupelo Police Dept. Employee Signature _____ Date: _____