

RELEASE OF INFORMATION

TO: SHELBY COUNTY SHERIFF'S DEPT.
ATTN: RECORDS/IDENTIFICATION
201 POPLAR AVENUE
MEMPHIS, TENNESSEE 38103

\$20.00 per person - cashier's check or money order

Adoption Counseling Services, Inc. is required by the Tennessee Child Abuse Law (TCA 14-10-129) to inquire if I have ever been convicted of a felony. Therefore, I grant approval for you to give them information on any and all records of arrest and/or convictions. I, hereby release the SHELBY COUNTY SHERIFF'S DEPT. and it's officers, agents, employees, successors, and assigns from any and all claims, actions or suits, for damages or injuries, or whatever nature, which may result from release of my police record upon this request.

NAME: _____ NAME: _____

AGE: _____ AGE: _____

DOB: _____ DOB: _____

SEX/RACE: _____ SEX/RACE: _____

S.S. No: _____ S.S. No: _____

ADDRESS: _____ ADDRESS: _____

MAIDEN NAME: _____ MAIDEN NAME: _____

SIGNATURE DATE

SIGNATURE DATE

RESPONSE: _____
