

**HOUSING AUTHORITY OF THE CITY OF MUSKOGEE
 220 N. 40TH STREET, MUSKOGEE, OK 74401
 (918) 687-6301 PHONE (918) 682-0446 FAX**

RELEASE OF INFORMATION FOR HOUSING CONSIDERATION

I HEREBY VOLUNTARILY AUTHORIZE THE MUSKOGEE POLICE DEPARTMENT OR ANY OTHER LOCAL, STATE, OR FEDERAL LAW ENFORCEMENT AGENCY TO RELEASE TO THE HOUSING AUTHORITY OF THE CITY OF MUSKOGEE OR ITS REPRESENTATIVES, IN CONNECTION WITH APPLICATION FOR HOUSING, A COPY OF ANY CONVICTIONS AND/OR ARRESTS ON MY RECORD WITHIN THE LAST TEN (10) YEARS FROM THE DATE OF THIS RELEASE FORM. THIS INCLUDES CITY, COUNTY, NCIC, AND III WARRANT AND CRIMINAL HISTORY BACKGROUND CHECKS.

APPLICANT FULL NAME: _____

OTHER NAMES USED BY APPLICANT (MARRIED, MAIDEN, ETC.):

ADDRESS: _____

CITY, STATE, ZIP CODE _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

RACE: _____ GENDER: MALE _____ FEMALE _____

HOME TELEPHONE: _____

DATE

SIGNATURE

.....
DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

County Sheriff Dept.		City of Muskogee PD		NCIC/III (OKD00199Q)	
<input type="checkbox"/>	No Arrest Record	<input type="checkbox"/>	No Arrest Record	<input type="checkbox"/>	No Arrest Record
<input type="checkbox"/>	Arrest record as follows	<input type="checkbox"/>	Arrest record as follows	<input type="checkbox"/>	Arrest record as follows
<input type="checkbox"/>	Number Misdemeanors	<input type="checkbox"/>	Number Misdemeanors	<input type="checkbox"/>	Number Misdemeanors
<input type="checkbox"/>	Number Felonies	<input type="checkbox"/>	Number Felonies	<input type="checkbox"/>	Number Felonies
<input type="checkbox"/>	Number drug-related	<input type="checkbox"/>	Number drug-related	<input type="checkbox"/>	Number drug-related
<input type="checkbox"/>	Attachments on back	<input type="checkbox"/>	Attachments on back	<input type="checkbox"/>	Attachments on back

COMMENTS: _____

 Muskogee Police Dept. Signature/Stamp Required

 Date Completed