



CITY OF HARRISONBURG
POLICE
 DEPARTMENT

CHIEF OF POLICE ERIC D. ENGLISH
 101 NORTH MAIN STREET, HARRISONBURG, VA 22802
 EMERGENCY NUMBER: 911
 NONEMERGENCY NUMBER: (540) 434-4436
 FAX NUMBER: (540) 437-2691
 WWW.HARRISONBURGVA.GOV/POLICE

Records Release Form

I, _____, do hereby give permission for any and all records, documents, reports, or information pertaining to me from the Harrisonburg Police Department to be released to: _____. This release includes all of the documents/records/information of the following nature:

- Incident Report verification letter
- Crash Report
- Criminal Record Check

I further release the above named person(s) and/or businesses from any liability for the release of said records, documents, reports and information.

Signature: _____ Date: _____

<p>Notary verification of signature:</p> <p>Commonwealth of Virginia (or State of _____)</p> <p>City or County of _____</p> <p>Subscribed and sworn before me this date _____, Notary Public.</p> <p>My Commission expires _____.</p>
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