



Bi State Criminal Justice Center  
Central Records and Communications

"Advancing the missions of the Texarkana Police Department, the Texarkana Fire Department & the Bowie County Sheriff's Department"

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CRC Commander  
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**Local Criminal History Request**

I am requesting a Local Criminal History Check showing any arrests (misdemeanor and/or felony) in the records of the Bowie County Sheriff's Department, the Texarkana Arkansas Police Department, and the Texarkana Texas Police Department on the person below. If there are no arrests, then I request a Clearance Letter stating the fact.

Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name(s): \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

Driver's License or State ID #: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

By signing below, I am confirming that the information I have provided is accurate and true and hereby authorizing the Central Records and Communications Department permission to search and release to subject of said search.

Requestor: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization for Release of Information**

If the requestor is different from the subject of the search, fill out the following Authorization for Release of Information below. Notarized authorization is required if the requestor is different from the subject above.

I, \_\_\_\_\_ request and authorize Central Records and Communications to release any and all arrest information concerning myself to \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Subscribed and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
**Notary Public**

**Notary Seal**

**My Commission Expires: \_\_\_\_\_**

**Department Use Only**

Records Specialist: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Date/Time Received: \_\_\_\_\_

Date/Time Completed: \_\_\_\_\_

**Receipt of Records**

I, \_\_\_\_\_, am authorized to obtain receipt of the Local Criminal History or Clearance Letter for the person listed on the front of this form. By signing below I acknowledge receipt of request from Central records and Communications.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Department Use Only**

- Criminal Record
- Clearance Letter

Released by: \_\_\_\_\_

Date: \_\_\_\_\_