



NAVAJO POLICE DEPARTMENT
INFORMATION MANAGEMENT SECTION

POST OFFICE BOX 3360, WINDOW ROCK, NAVAJO NATION, AZ 86515

WEBSITE: www.ims.navajo-nsn.gov PHONE: (928) 357-6210



CRIMINAL/TRAFFIC HISTORY RECORD (CTHR)
RELEASE OF AUTHORIZATION

UPDATED 4/8/24

I, _____, hereby authorize the release of my Criminal/Traffic
History Record to _____ for _____ purposes.
(Department / Company / etc.) (Employment / Housing / Personal Use)

My contact number is _____ if you have any questions.

If applicable:

Mailing Address of Recipient: _____
MAILING ADDRESS CITY STATE ZIP CODE

Attention to: _____ Title: _____

**NOTE: Original will be mailed to ONE address unless \$1.06
Money Order is received. Mailing Address MUST BE written out.**

Signature

Date