

AUTHORIZATION TO COLLECT, RETRIEVE, AND FILE CRIMINAL AND CIVIL RECORDS

I, _____ residing at _____, hereby authorize **Hadley A. Snider at Real Records** (3172 N Rainbow Blvd, Las Vegas, NV 89108) to act as my authorized agent for the purposes described below within the State of Nevada.

1. SCOPE OF AUTHORIZATION

a. Collection and Retrieval of Records:

Hadley A. Snider at Real Records is authorized to collect and retrieve my criminal history records from the Central Repository for Nevada Records of Criminal History, law enforcement agencies, courts, and correctional facilities, as well as my civil records (including, but not limited to, court filings, judgments, liens, and related documents) from any Nevada state or county court or public records repository for record sealing purposes.

b. Filing of Court Documents:

Hadley A. Snider at Real Records is authorized to prepare, and file court documents on my behalf, including but not limited to pleadings, motions, responses, and any other documents necessary for the administration of civil or criminal proceedings in any Nevada court, whether by electronic or traditional filing methods.

2. LEGAL REQUIREMENTS AND COMPLIANCE

- **Written Consent:** This document serves as explicit written authorization as required by NRS 179A.100 and other applicable Nevada statutes.
- **Verification of Identity:** I will provide a valid government-issued photo ID to Hadley A. Snider at Real Records for submission with any required requests.
- **Purpose Limitation:** All records and filings shall be used solely for [state the purpose, e.g., "background check for employment," "legal representation," etc.] and not disseminated unlawfully.
- **Compliance with Court Rules:** All filings shall comply with the Nevada Electronic Filing and Conversion Rules (NEFCR) and any local court requirements.

3. DURATION AND REVOCATION

- This authorization is valid for **365 days** from the date of signing.
- I may revoke this authorization in writing at any time.

4. SIGNATURE

Client: _____

Signature

Printed Name

Date: _____

NOTARY ACKNOWLEDGMENT

State of _____ County of _____

On this _____ of _____ before me,

Day

Month, Year

Notary's Name

a Notary Public in and for said county and state, personally appeared

_____ who provided satisfactory evidence to be the person whose name is subscribed within this document and acknowledged that they executed the same in their authorized capacity.

WITNESS my hand and official seal.

Notary Public Signature: _____

(Notary Seal)

Printed Name: _____

My Commission Expires: _____