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AUTHORITY FOR RELEASE OF INFORMATION

TO: COLORADO DEPARTMENT OF LAW
CRIMINAL JUSTICE SECTION, COLORADO POST
1300 BROADWAY, 9TH FLOOR
DENVER CO 80203

I _____, hereby authorize the bearer of this release form, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, educational records (including but not limited to academic, achievement, attendance, athletic, personal history, grievance and disciplinary records), medical records, professional records (including grievances), and law enforcement records (including , but not limited to any record of charge, prosecution or conviction for criminal or civil offenses).

I hereby release you as the custodian of such records and any entity including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Full Name _____
(Printed) (Signature)

Birth Name/Aliases _____

Date of Birth _____ Social Security Number _____

Date of Request _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____,

by _____ (name)

WITNESS my hand and official seal.

NOTARY PUBLIC

My commission expires: _____