



**General Release of Information and Authorization to Release Information**

To Whom It May Concern:

I hereby authorize any representative of the Colorado Department of Public Safety bearing this release to obtain information, copies and abstracts from your files or other sources pertaining to my personal background, past and present, including but not limited to: records, statements and opinions pertaining to my employment, pre-employment, military, selective service, criminal, driving or educational histories including, but not limited to: academic or athletic achievement, attendance, training records, personal history, disciplinary action, background reports, polygraph results, efficiency ratings, any and all internal affairs investigations, complaints or grievances filed by or against me, current criminal investigation files, or any other records you may have regarding me. I hereby direct you to release such information, copies and abstracts upon the request of the bearer.

This release is executed with the full knowledge and understanding that the information is for the official use of the Colorado Department of Public Safety. Consent is granted for the Colorado Department of Public Safety to furnish information as is described above to third parties in the course of the Colorado Department of Public Safety fulfilling its official responsibilities with regard to my application for a concealed weapons permit under HR-218.

I release you, the institution, or establishment which you represent, including its officers, employees, and 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, my family, or associates because of compliance with this authorization and request to release information or any time necessary to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

Jared S. Polis  
GOVERNOR

Stan Hilkey  
EXECUTIVE DIRECTOR

Colorado State Patrol

Colorado Bureau  
of Investigation

Division of  
Criminal Justice

Division of Fire  
Prevention and Control

Division of Homeland Security  
and Emergency Management

School Safety  
Resource Center

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(print legibly)

Last four numbers of social security number \_ \_ \_ \_

Current address \_\_\_\_\_

Telephone number \_\_\_\_\_

Applicant signature \_\_\_\_\_ Date signed \_\_\_\_\_

Subscribed and sworn in my presence, this \_\_\_ day of \_\_\_, 20\_\_.

_____	_____
Notary Public Signature	Commission expiration date
Notary seal	