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**AUTHORITY FOR RELEASE OF INFORMATION**

**TO: COLORADO DEPARTMENT OF LAW**  
**CRIMINAL JUSTICE SECTION, COLORADO POST**  
**1300 BROADWAY, 9<sup>TH</sup> 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: \_\_\_\_\_