



**Authorization for Release of Information**

To: **Organization Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

To whom it may concern:

I do hereby request and authorize you to disclose, whenever requested to do by any representative of the Denver Police Department or the City and County of Denver, any and all information in your possession pertaining to me, including but not limited to information regarding any driving record, criminal history, firearms qualification, licensure and any other relevant information.

I do further request and authorize you to speak with and disclose any information relating to me whenever requested to do so by any representative regarding my driving record, criminal history, firearms training, licensure and any other relevant information. You may discuss any issue(s) about which they have questions.

I hereby release the Denver Police Department and the City and County of Denver and any individual or agency providing information pursuant to this release from any and all liability for damage of whatever kind, which may at any time result to me because of compliance with this release, or any attempt to comply with it.

This release shall continue in full force and in effect for one year from the date of my signature as reflected below. A photocopy of this release shall be as valid as the original and may be used in its stead. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Legal Name (Printed): \_\_\_\_\_

Any other names used: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

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