

AUTHORIZATION AND CONSENT TO RELEASE INFORMATION

Name: _____ Date of Birth: _____
(Last) (First) (Middle)

I do hereby authorize a review and full disclosure of all records specified below, or any part thereof, concerning myself, by and to ANY duly authorized employee of the City of Fort Collins Police Services Department, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of a) the records of financial or credit institutions, including records of deposit, withdrawals, balances, loans, and also records of commercial or retail credit agencies; b) real and personal property tax statements and records, and other financial statements and records wherever filed; c) records of complaint, arrest, trial, and/or convictions for alleged or actual violations of the law, including criminal, civil and/or traffic records wheresoever located.

I understand that all information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for licensing by the Police Services Department and by the Fort Collins Local Licensing Authority. I further authorize the City of Fort Collins and its Local Licensing Authority to discuss, in a public forum, any and all findings regarding my financial, moral, educational, and character qualifications. I understand that any information or records obtained by the City may become public records available upon request by the public.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents, employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

A photocopy of this signed authorization form will be considered valid as an original hereof.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Signature

Date

State of _____)

)ss.

County of _____)

Subscribed and sworn to before me this ___ day of _____, _____.

Notary Public

My Commission Expires