



**STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES
&
PUBLIC PROTECTION
SPECIAL LICENSING AND FIREARMS UNIT**



AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to, a duly authorized agent of the State of Connecticut, Department of Emergency Services and Public Protection, Division of State Police, Special Licensing & Firearms Unit, whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure of the records of educational institutions, financial or credit institutions, including records or deposits, withdrawals and balances of checking and savings accounts and loans, and also the records of the intent of this authorization is to give my consent for full and complete disclosure of the records of educational, commercial or retail credit agencies (including credit reports and/or), medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the U.S. Veteran's Administration, public utilities, employment and pre-employment records, including background reports, sufficiency ratings, real and personal property tax statements and records wherever filed, conviction records for violation of the law, including criminal and or traffic records, records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollection of attorney-at-law or of other counsel, whether representing me or another person in any case, in which I presently have or have had an interest.

It is the intent of this authorization to provide full and free access to background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Connecticut State Police, Special Licensing & Firearms Unit, to consider in determining my suitability for licensing by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated about are not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the 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 a permit by the Special Licensing & Firearms Unit. I fully understand that refusal to grant this authorization will not, or itself; constitute a basis for rejection of my application.

A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature

Date of Birth

Social Security # (Optional)

Address, City, State, ZIP

STATE OF _____

SS

COUNTY OF _____, TOWN _____

Personally appeared _____, signer of the foregoing written authorization for release of personal information and made oath to the truth of the matters contained therein, before me.

NOTARY PUBLIC, JUSTICE OF THE PEACE
OR COMMISSIONER OF SUPERIOR COURT

MY COMMISSION EXPIRES: _____