



JEFFERSON COUNTY SHERIFF'S OFFICE
 200 Jefferson County Parkway
 Golden, Colorado 80401-2697
 (303) 271-5305
 FAX (303) 271-5307

Ted Mink
 SHERIFF

Ray Fleer
 UNDERSHERIFF

AUTHORITY FOR RELEASE OF INFORMATION

NAME _____
 (LAST) (FIRST) (MIDDLE)
 DATE OF BIRTH _____ SEX _____ RACE _____
 (MONTH/DAY/YEAR)

 PLACE OF BIRTH COUNTY OR CITY STATE COUNTRY

I, _____, do hereby authorize a review of and full disclosure of records, or any part thereof, by and to ANY duly authorized agent of the Jefferson County Sheriff's Office, 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 the records of financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings account, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings), public utility companies; employment and pre-employment records, including background reports, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Jefferson County Sheriff's Office to consider in determining my suitability for liquor licensing purposes. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be in the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly and indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for liquor licensing by the Jefferson County Sheriff's Office and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and 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.

MUSE BE SIGNED IN THE PRESENCE OF A NOTARY:

SUBSCRIBED AND SWORN BEFORE ME THIS

_____ DAY OF _____ 20 _____

MY COMMISSION EXPIRES _____

NOTARY PUBLIC: _____

 SIGNATURE

 STREET ADDRESS

 CITY STATE
 ZIP