

## STATE OF CONNECTICUT DEPARTMENT OF EMERGENCY SERVICES

## & PUBLIC PROTECTION SPECIAL LICENSING AND FIREARMS UNIT



## **AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

1	do hereby authorize a revis	ew of and full disclosure of all records or any part
thereof, concerning myself, by and to and Public Protection, Division of Sta or confidential nature.	, a duly authorized agent of the State of C	connecticut, Department of Emergency Services nit, whether said records are of a public, private
financial or credit institutions, includin loans, and also the records of the inte of educational, commercial or retail or consultation, including hospitals, clinic and pre-employment records, includir records wherever filed, conviction rec a civil nature made by or against me,	ng records or deposits, withdrawals and batent of this authorization is to give my constructed agencies (including credit reports and cs, private practitioners and the U.S. Veteing background reports, sufficiency ratings cords for violation of the law, including crim wheresoever located, and to include the resource of the sufficiency ratings.	closure of the records of educational institutions, alances of checking and savings accounts and ent for full and complete disclosure of the records d/or), medical and psychiatric treatment and/or ran's Administration, public utilities, employment, real and personal property tax statements and ninal and or traffic records, records of complaint of records and recollection of attorney-at-law or of the 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.		
indirectly, in whole or in part, upon thi	s release authorization will be considered	investigation, which is developed directly or lin determining my suitability for a permit by the authorization will not, or itself; constitute a basis
A photocopy of this release will be va writing of my signature.	lid as an original hereof, even though the	said photocopy does not contain an original
Signature	 Date of Birth	Social Security # (Optional)
Address, City, State, ZIP		
STATE OF	ss	
COUNTY OF	, TOWN	
Personally appearedrelease of personal information and m	nade oath to the truth of the matters conta	gner of the foregoing written authorization for ined therein, before me.
		LIC, JUSTICE OF THE PEACE ONER OF SUPERIOR COURT
	MY COMMISIC	IN EXPIRES: