



COLORADO DEPARTMENT OF CORRECTIONS  
OFFICE OF THE INSPECTOR GENERAL  
BACKGROUND INVESTIGATION UNIT



## AUTHORIZATION FOR RELEASE OF INFORMATION

I (Applicant) authorize any persons or organizations referenced in the application or disclosed during my interview to release ANY and ALL information to the Colorado Department of Corrections concerning my previous employment, education, or any other information you have, personal or otherwise, with regard to any of the subjects covered during my background

(records, statements and opinions pertaining to my employment, pre-employment, military records, selective service, criminal, driving, or educational histories including but not limited to: academic achievements, attendance, training records, personal history, disciplinary actions, background reports, polygraph results, efficiency ratings, any and all internal affairs investigations, complaints or grievances filed by or against me, current criminal investigation files or any other records you may have regarding me.)

I hereby request you release such information, copies and abstracts upon the request of the bearer of the release request. I (Applicant) release all parties from liability from any damages which may result from furnishing the requested information to a representative of the Colorado Department of Corrections. This is as required by Colorado Revised Statute.

I (Applicant) certify that I understand that failure to sign this Authorization for Release of Information will be grounds for disqualification from the background process. I further understand that this authorization will remain valid for one (1) year unless revoked in writing by the applicant.

Applicant Printed Name: \_\_\_\_\_

Applicant Signed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number (Last Four): \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_