

PERMISSION FOR RELEASE OF INDIVIDUAL RECORDS

I HEREBY AUTHORIZE THE RELEASE OF RECORDS MAINTAINED BY
THE COLORADO BUREAU OF INVESTIGATION REGARDING CRIMINAL
AND MOTOR VEHICLE HISTORY IN THE STATE OF COLORADO

PRINTED NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: ____/____/____

SOCIAL SECURITY#: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

SIGNATURE: _____

DATE: _____

PURPOSE FOR WHICH RECORDS ARE BEING RELEASED:

REQUESTER'S NAME: _____

COMPANY: INDIAN HILLS FIRE RESCUE EMS

ADDRESS: 4476 PARMALEE GULCH RD., INDIAN HILLS, CO 80454