

Authorization to Release Information

To: Adams County Sheriff / Broomfield Police Dept / Colorado Department of Motor Vehicle/ Local Police

From: CASA of Adams and Broomfield Counties

Subject: Waiver for obtaining Law Enforcement and Motor Vehicle Record Information

The following is a waiver to release law enforcement record information to CASA of Adams and Broomfield Counties for the following individual. Your cooperation is greatly appreciated.

I, (print your name), _____ hereby request that you release any and all information concerning my record of arrests and convictions which may be in your custody to the CASA of Adams and Broomfield Counties office or its authorized representative. This request shall be effective for one year from date.

Name _____

Social Security # _____ Height _____

Date of Birth _____ Weight _____

Gender _____ Eye Color _____

Ethnic Background _____ Hair Color _____

Driver's License # _____ Exp. _____
State _____ Date _____

Signature _____

Signed and sworn to before me, a Notary Public, in and for the State of Colorado

This _____ day of _____ 20____

Notary Public

My commission expires _____

Please be sure you sign this waiver in the presence of a notary public prior to returning it to the CASA of Adams and Broomfield Counties office.

CASA of Adams and Broomfield Counties
1100 Judicial Center Drive
Brighton, CO 80601
Telephone: 303-654-3378
Fax: 303-654-3379

AUTHORIZATION TO RELEASE PRIVILEGED INFORMATION

I, _____, hereby authorize the release of the following records and information to CASA of Adams and Broomfield Counties.

General Information: Any and all other information which is requested, including the TRAILS database, concerning Department of Human Services.

This authority is valid until revoked by me in writing. A photocopy or facsimile of this release shall have the same force and effect as the original.

Signature Date

Complete Name: _____
Address: _____
City, State, Zip: _____
County: _____
Telephone No.: _____
Social Security No.: _____
Date of Birth: _____

**CASA of Adams and Broomfield Counties
AUTHORIZATION and RELEASE**

I understand that, as a condition of my consideration for a volunteer position with CASA of Adams of Broomfield Counties, CASA of Adams and Broomfield Counties may obtain a consumer report that includes, but is not limited to, social security verification, criminal and civil history, sexual abuse registry, DMV records, Colorado TRAILS registry, Colorado Bureau of Investigation and any other public records - and that CASA of Adams of Broomfield Counties will check these records annually throughout my tenure as a volunteer. I also understand the CASA of Adams and Broomfield Counties will obtain information from a personal interview and from the references that I listed in the application.

I hereby authorize and consent to release to CASA of Adams and Broomfield Counties procurement of such a report from Lexis Nexis, Colorado Bureau of Investigation, Adams County Sheriff's Dept, Broomfield Police Dept, Adams County Human Services Department, Broomfield Health & Human Services Dept, and the Colorado Department of Revenue Motor Vehicles Division through means of mail or a secure internet site. I understand that, pursuant to the federal Fair Credit Reporting Act, CASA of Adams and Broomfield Counties will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my acceptance for volunteer work with CASA of Adams and Broomfield Counties. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

Signature of Applicant

____/____/_____
Date

Name (First, Middle, Last): _____

Address: _____

City, State, Zip: _____

County: _____

Telephone #: _____

Date of Birth: ____/____/____ Social Security #: ____-____-____

Drivers License #: _____ State: _____

Sex: _____ Race/Ethnicity: _____

Addresses for past (7) years:

Current Address _____ City _____ State: _____
Zip _____ County _____ Country _____ Years there from: _____ to _____

Previous Address _____ City _____ State: _____
Zip _____ County _____ Country _____ Years there from: _____ to _____

Previous Address _____ City _____ State: _____
Zip _____ County _____ Country _____ Years there from: _____ to _____

Previous Address _____ City _____ State: _____
Zip _____ County _____ Country _____ Years there from: _____ to _____