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## COLORADO JUDICIAL DEPARTMENT

## AUTHORIZATION FOR RELEASE OF INFORMATION

## Full Legal Name:

## Names Also Known As (“AKA’s”) including Maiden Name, All Former Last Names, Nicknames, etc.:

## Date of Birth:       Social Security Number:       Gender: [ ] Male [ ] Female

## Agency Name:

**Reason for Release of Information: 🞎 Contract Services or 🞎 Request for data pursuant to CJD 05-01**

**Home addresses during the past five years, including current:**

I hereby authorize and consent to the release of any and all information, including without limitation, all records, statements and opinions held by any person, employer, school, law enforcement agency, military personnel and any other entity or organization to the Colorado Judicial Department to verify information submitted by me to perform services for the Colorado Judicial Department or to access Judicial Department data as permitted by CJD 05-01.

I hereby authorize the release of any and all persons, entities, agencies and organizations, individually and collectively, from liability for damages of whatever kind relating to or arising out of any release of information, including records, statements and opinions, as a result of this authorization.

A photocopy of this authorization shall be as valid as the original for one year from the date it is signed.

* I understand that an award of a contract will be based upon the results of this investigation and that any award and/or contract is conditioned on my receiving, in the Judicial Department’s discretion, a satisfactory background investigation; OR,
* I understand that access to otherwise non-public data, as permitted by CJD 05-01 will be based upon the results of this investigation and that any access to data is conditioned on my receiving, in the Judicial Department’s discretion, a satisfactory background investigation.
* I further understand that refusal to sign this form may result in the award and/or contract or release of data, whichever is applicable, being withheld or withdrawn.

**[ ]  By checking this box and typing in my name,**       **on this date**     **, I hereby submit my electronic signature certifying that I have read, understand, and hereby consent to the above authorizations for release of information.  I further certify that the above information is complete, true and accurate.**