



SHANNON D. DICUS, SHERIFF-CORONER

**NOTARIZED AUTHORIZATION
TO RELEASE INFORMATION
CARRY CONCEALED WEAPONS PERMIT**

To Whom It May Concern: APPLICANT NAME: _____

I am an applicant for a Concealed Weapons Permit (CCW) with the San Bernardino County Sheriff's Department.

I fully recognize that the San Bernardino County Sheriff's Department will inquire into all areas of my background, which may affect my suitability to be employed by a Criminal Justice Agency, and they have reason to believe that you may have information relevant to that purpose concerning me.

I hereby authorize you, your organization, its Custodian of Records, and/or persons in your employ, to release any and all information which you may have concerning me, including information which may be of a confidential, privileged and/or derogatory nature, including, but not limited to: employment information, official employment documents, employment performance data, character reference information, educational records and transcripts (pursuant to Public law 93-380), medical surgical, psychological, polygraph exam and dental records (pursuant of the Medical Information Act, Civil Code Section 56 et seq.), credit and financial information (pursuant to the Banking Privacy and Fair Credit Reporting Acts), local criminal history information (pursuant to Penal Code Section 13300(b) (10), law enforcement or criminal records or information from a law enforcement agency and/or any other information which you might possess. And I exonerate, release and discharge you, your organization, its officer, agents and assigns, from any liability or damages, whether in law or in equity, now and in the future, for furnishing the information requested by the bearer of this authorization form.

I have specifically and permanently waived any rights I may have to review or inspect any and all information developed in this investigation so your responses will be completely confidential pursuant to California Civil Code Section 47 and to Labor Code 1198.5. You may retain this form for your files.

This wavier will expire one year after the date signed. A photocopy of this document may act as the original.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California



County of San Bernardino

On _____, before me, _____,
Date Name of Title Officer (e.g. "Jane Doe, Notary Public")

personally appeared _____,
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Signature of Applicant

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Place Notary Seal Above

Signature of Notary Public

