



CITY OF HARTFORD

Hartford Police Department
253 High Street
Hartford, Connecticut 06103
P: (860) 757-4000
www.hartford.gov/police



AUTHORIZATION FOR THE RELEASE OF PERSONAL INFORMATION

I, _____, born _____, hereby authorize the Hartford Police Department to review and disclose, as needed, all records concerning me, whether public, private, or confidential in nature. This includes, but is not limited to, records of complaints, arrests and/or convictions for alleged or actual violations of law, criminal records, traffic records, and probation records.

I understand that information obtained from these records will be considered in evaluating my suitability for a pistol permit.

The purpose of this authorization is to provide full access to the background investigator, which may yield information for the Hartford Police Department to determine my suitability for a pistol permit.

Applicant's Signature: _____ **Date:** _____

On this, the _____ day of _____, 20____, before me, _____
Notary name printed

the named applicant, _____, personally appeared known to be or satisfactorily proven to be the person whose name is subscribed in this release form and acknowledged that he/she executed the same for the purpose therein contained. In witness whereof, I hereunto set my hand, pursuant to Section 124 of the Connecticut General Statutes and/or pursuant to the General Statutes of any other state pertaining to a notary.



Notary's Signature: _____ **Date:** _____