Authorization for Release of Information – Background Check
This form must be completed and returned with application for a solicitor's license.

Applicant Information:

Full Legal Name:
Other Names Used (Aliases, Maiden, etc.)
Date of Birth:
Social Security Number:
Driver's License/ID Number & State:
Current Address:

Authorization
I, the undersigned, do hereby authorize the **City of Dacono, Colorado**, and its authorized agents to conduct a background investigation as part of my application for a solicitor license.

This investigation may include, but is not limited to, a review of criminal history records, motor vehicle records, and verification of personal information. I understand that this information will be used solely for the purpose of determining my eligibility for a solicitor's license within the City of Dacono.

I hereby release the City of Dacono, its officials, employees, and agents from any and all liability of any kind arising from the release of information obtained pursuant to this authorization.

This authorization shall remain valid for ninety (90) days from the date of my signature.

Applicant Certification
I certify that the information provided above is true and correct to the best of my knowledge. I understand that false statements may be grounds for denying or revoking a solicitor license.

Applicant Signature:	**Date:**
Printed Name of Applicant:	

Notary Acknowledgment

State of Colorado
County of _____

Subscribed and sworn to (or affirmed) before me on this ____ day of _____**,** 20___, by _____ (name of applicant).

Notary Public Signature: _____

My Commission Expires: ____ / ____ / _____
[Seal]

FOR PD USE: Status: _____Initials: _____Date: _____