

**AUTHORIZATION TO RELEASE CRIMINAL HISTORY RECORD INFORMATION,  
VOLUNTARY APPEAL FILE (VAF) RESULTS AND RELEASE OF LIABILITY**

I, the undersigned, hereby authorize the FBI's Criminal Justice Information Services (CJIS) Division to release to my attorney \_\_\_\_\_,

Attorney Name

\_\_\_\_\_, (\_\_\_\_) \_\_\_\_\_, information which shall  
Attorney Address Attorney Phone Number

include, but not be limited to, my criminal history record information, any information relative to my record, the details of my background check for the transfer of a firearm for the National Instant Criminal Background Check System (NICS) Transaction Number (NTN) \_\_\_\_\_, and the results of my VAF Application, to include the Unique Personal Identification Number (UPIN), if applicable. In addition, I authorize the FBI's CJIS Division to discuss any information regarding procedures for updating or correction of its records, as appropriate, as permitted by law and policy. This may include requests from the FBI's CJIS Division to my attorney for information, clarification of information, and/or submission of additional documentation on my behalf.

**NOTE: The reference to “my attorney” in this authorization includes not only the individual lawyer named above but also any other attorney, paralegal, or employee with whom he or she presently is professionally associated and who adequately establishes that association to the FBI's CJIS Division.**

I further release the FBI and the FBI's CJIS Division (including any employees and contractors thereof) from any and all liability of any kind for releasing any and all information as described and agree to indemnify and hold harmless the FBI and the FBI's CJIS Division (including any employees and contractors thereof) for any damages or injury which might result directly or indirectly from the release of same. The foregoing authorization shall continue in full force and effect until revoked by me in writing to: FBI CJIS Division, Attn: Criminal History Analysis Team 1, BTC 3, 1000 Custer Hollow Road, Clarksburg, WV 26306. A photocopy of this authorization shall be considered the same as the original.

Printed Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last Four Digits of Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Printed Full Name: \_\_\_\_\_