

**AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION  
AND RELEASE OF LIABILITY**

TO: FBI/CJIS Division/NICS Section, Attention: Legal Analysis Team, P.O. Box 4278, Clarksburg  
WV 26302-4278

I, the undersigned, hereby authorize the FBI Criminal Justice Information Services (CJIS) Division's  
National Instant Criminal Background Check System (NICS) Section to release to my attorney

\_\_\_\_\_  
Name

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

include, but not be limited to, my entire criminal history, any information relative to my criminal  
history, and the details of my background check for the purchase/redemption of a firearm for NICS  
Transaction Number (NTN)\_\_\_\_\_. In addition, I authorize the FBI/NICS Section 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 NICS Section 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 document includes not only the individual lawyer named  
above but also any other attorney, paralegal, co-worker, or employee with whom he or she  
presently is professionally associated and who adequately establishes that association to the NICS  
Section.**

I further release the FBI and the NICS Section from any and all liability of any kind for releasing any  
and all information as described and agree to indemnify and hold the FBI and the NICS Section  
harmless 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. A  
photocopy of this authorization shall be considered the same as the original.

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

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

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