



**COLORADO JUDICIAL DEPARTMENT
AUTHORIZATION FOR RELEASE OF INFORMATION**

Full Legal Name: _____

Names Also Known As (“AKA’s”) including Maiden Name, All Former Last Names, Nicknames, etc. : _____

Date of Birth: _____ **Social Security Number:** _____ **Gender:** Male Female

Agency Name: _____

RFP Solicitation Number and/or Description of Contract Services to be provided: Sign Language Interpreting

Home addresses during the past five years, including current: _____

I hereby authorize and consent to the release of any and all information, including without limitation, all records, statements and opinions held by any person, employer, school, law enforcement agency, military personnel and any other entity or organization to the Colorado Judicial Department to verify information submitted by me to perform services for the Colorado Judicial Department.

I hereby authorize the release of any and all persons, entities, agencies and organizations, individually and collectively, from liability for damages of whatever kind relating to or arising out of any release of information, including records, statements and opinions, as a result of this authorization.

A photocopy of this authorization shall be as valid as the original for one year from the date it is signed.

I understand that an award of a contract will be based upon the results of this investigation and that any award and/or contract is conditioned on my receiving, in the Judicial Department’s discretion, a satisfactory background investigation. I further understand that refusal to sign this form may result in the award and/or contract being withheld or withdrawn.

By checking this box and typing in my name, _____ on this date _____, I hereby submit my electronic signature certifying that I have read, understand, and hereby consent to the above authorizations for release of information. I further certify that the above information is complete, true and accurate.