



**Authorization for Release**

I, (print name here) \_\_\_\_\_, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code Ch. 724 and Iowa Administrative Code 661—Ch 91, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my qualification for obtaining a permit to acquire a pistol or revolver in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that information provided on this form is generally confidential and may be released as provided by law. I certify that all information, including supporting documentation, provided in this application is true and correct, and I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.17 if I make what I know to be a false statement of material fact on this application or if I submit what I know to be any materially falsified or forged documentation in connection with this application.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**ISSUING OFFICER (Iowa Sheriff)**

APPLICATION  APPROVED  DENIED DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

IF DENIED, REASON FOR DENIAL \_\_\_\_\_

Sheriff of \_\_\_\_\_ County, Iowa SIGNATURE \_\_\_\_\_

WRITTEN DENIAL NOTICE PROVIDED BY  Personal Service  Mail DATE OF NOTICE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year