

**AUTHORIZATION FOR RELEASE OF RECORDS AFFIDAVIT**

STATE OF \_\_\_\_\_ §  
(STATE WHERE NOTARIZED) §  
COUNTY OF \_\_\_\_\_ §  
(COUNTY WHERE NOTARIZED)

Before Me, the undersigned authority, personally appeared \_\_\_\_\_, who made this Affidavit and, on oath, stated the following: (PRINTED NAME OF APPLICANT)

"I hereby authorize the release of information and records pursuant to Section 411.174(a)(9) of the Texas Government Code, to the Texas Department of Public Safety for the purpose of a background investigation to determine my eligibility for a license to carry a handgun or to instruct applicants for such licenses.

Such records may include, but are not limited to:

- 1. All records, reports and testimony relating to the medical condition of an applicant or license holder for use as allowed pursuant to Section 12.097, Texas Health and Safety Code;
- 2. Child support payment status as evidenced by court documents or records from the Office of the Attorney General;
- 3. Payment status of taxes or other money collected by the Comptroller, State Treasurer, tax collector of a political subdivision of the state, Texas Alcoholic Beverage Commission, or any other agency or subdivision of the state, as evidenced by tax or agency records;
- 4. Files and records of the juvenile court relating to applicant pursuant to Section 58.003(m), Texas Family Code;
- 5. Law enforcement records, including offense or arrest reports;
- 6. Current restrictions under a court protective order;
- 7. Court documents reflecting pending charges or final dispositions.

I understand that any confidential documents obtained by the Texas Department of Public Safety during its investigation of my application for a handgun license will remain confidential. Photocopies, facsimiles and/or computer generated statement made pursuant to Texas Government Code Section 2054.271, of this document will have the same weight and effect as an original.

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated agency with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy, including 28 U.S.C. 534 and 34.U.S.C. 41101. I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Privacy Act of 1974 (5 USC 552a). I understand my fingerprints will be searched by and against civil, criminal and latent fingerprints in the Next Generation Identification (NGI) system. I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the relevant agency. I also understand the agency may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306."

\_\_\_\_\_  
Applicant's Signature

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

[SEAL]

\_\_\_\_\_  
PRINTED NAME OF NOTARY PUBLIC (IF NOT ON SEAL)