

Greeley/Weld Criminal Justice Records
1551 N. 17th Avenue #3
Greeley, CO 80631
(970)350-9627
FAX (970)304-6505/(970)304-6504

Application for Release of Criminal Justice Records
Clearance Letter

Person Requesting: _____ Date: _____

Phone: _____ Email Address: _____

Clearance Letter Name (if different from requester): _____ DOB: _____

AKA, Maiden, or Other Names Used: _____

ID Verified Reason: Housing Employment Job Corps **Received By:** _____

Notarized For: Adoption Immigration Visa Other: _____

Request for Release of Juvenile Information

I authorize juvenile information to be released. I understand this is not required by law.

Parent or Guardian's Signature: _____

USE OF THIS INFORMATION IS REGULATED BY LAW - DO NOT DISSEMINATE

Note: According to the Colorado Revised Statute 24-72-305.5, records of official action, criminal justice records, or the names addresses, telephone numbers, and other information in such records shall not be used by any person for the purpose of directly soliciting business for pecuniary gain. A violation of this section subjects you to misdemeanor charges and upon conviction, a fine of \$100 or 90 days in jail or both.

I affirm that I will not use the records, or any portion of the records requested for the purpose of directly soliciting business for pecuniary gain.

Signature: _____ Date: _____

For Official Use Only:

Release Authorized By: _____ Date: _____

Yes No

Amount Due \$ _____ Amount Paid \$ _____

If No: _____ Was information released? Yes No

Other Actions Taken: _____ Released By: _____ Date: _____