THIRD PARTY RELEASE FORM

Utah Department of Public Safety • Bureau of Criminal Identification
4315 South 2700 West, Suite 1300, Taylorsville, Utah 84129

Department *of* Public Safety

WHEN FILLING OUT THIS FORM, TYPE OR PRINT IN BLACK INK. If you wish to have your criminal history record or certificate of eligibility sent to an individual other than yourself, you must indicate the name of the person or agency to whom you would like the documents sent. If the recipient is an agency, please also provide the name of the specific individual within that agency who is authorized to receive the document. Please include the complete mailing address.

NAME: _____
(*Name of Person to Receive Report*)

AGENCY: _____ (if applicable)

MAILING ADDRESS: _____
(*Street/Box number*) (*City*) (*State*) (*Zip*)

PHONE NUMBER: _____ **EMAIL ADDRESS:** _____
EMAIL IS FOR EXPUNGMENT APPLICATIONS ONLY

I request that the criminal history record or certificate of eligibility for which I applied be released to the individual or agency indicated above at the listed address. I hereby release the Bureau of Criminal Identification from any liability resulting from such release.

Name of applicant (*Print*): _____

Signature of applicant: _____ **Date**: _____