



AFFIDAVIT #1

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I UNDERSTAND THAT THE ARKANSAS STATE POLICE WILL CONDUCT AN INDEPTH INVESTIGATION INTO MY QUALIFICATIONS TO BE LICENSED TO CARRY A CONCEALED HANDGUN BEFORE RENDERING A FINAL DECISION REGARDING MY ELIGIBILITY.

TO FACILITATE THIS INVESTIGATION, I DO HEREBY GIVE MY CONSENT AND AUTHORITY FOR ANY PHYSICIAN, MEDICAL PROFESSIONAL, MEDICAL FACILITY, MENTAL INSTITUTION (PRIVATE, STATE OR FEDERAL) OR POLICE AGENCY TO FURNISH INFORMATION FROM THEIR RECORDS TO THE ARKANSAS STATE POLICE.

NOTE: THIS RELEASE IS VALID AS LONG AS I AM LICENSED OR APPLYING FOR A LICENSE UNDER THE PROVISIONS OF ACT 419 OF 1995, AS AMENDED.

A COPY OF THIS AUTHORITY TO RELEASE INFORMATION SHALL SERVE IN THE PLACE OF, AND THE SAME AS, THE ORIGINAL.

PLEASE PRINT OR TYPE LEGIBLY:

FULL NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO. DAY YR.

CURRENT ADDRESS: \_\_\_\_\_  
STREET, etc. CITY ZIP

TELEPHONE #s: Hm. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Wk. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

STATE OF: \_\_\_\_\_ )  
COUNTY OF: \_\_\_\_\_ )

ss.

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC IN AND FOR THE COUNTY AND STATE AFORESAID, THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_

NOTARY PUBLIC: \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_ (By law, Notary must use a seal that can be photocopied)