

**CITY OF BOULDER  
APPLICANT INFORMATION RELEASE**

APPLICANT'S FULL NAME : \_\_\_\_\_

I hereby authorize any person to disclose in good faith any information they may have for business license at the City of Boulder. I furthermore authorize the City of Boulder to conduct a criminal background check on myself.

If I have gone by any names other than that previously listed, I shall list all of them here:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Further, I will hold the City of Boulder, any former employers, educational institutions, and any other persons/organizations participating in this background/reference check free of liability for the exchange of this information and any other reasonable and necessary information.

Applicant's Birthdate: \_\_\_\_\_ Applicant's SSN: \_\_\_\_\_

Applicant's Drivers License #: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_