



“To protect and Serve”

AUTHORIZATION TO RELEASE CRIMINAL HISTORY RECORD

I hereby give my written consent for any criminal justice agency to disseminate my record of criminal history to the Lyon County Sheriff’s Office for the purpose of becoming a sheriff-approved CCW firearm instructor.

I understand that a record of criminal history means the information contained in records collected and maintained by agencies of criminal justice, consisting of descriptions, which identify the subject, notation of arrest, detention, indictments, information or other formal criminal charges and disposition of charges, including dismissals, acquittals, convictions and correctional supervision and release.

I hereby release, discharge, exonerate and hold harmless all Criminal Justice Agencies, including the Lyon County Sheriff’s Office, its agents and representatives and any person furnishing information, from any and all liability of every nature and kind arising out of the inspection of my records of criminal history.

Print Name of Applicant

DOB

Signature of Applicant

Date

Rev. 8.2024