

**CAPITAL CITY GUN CLUB, INC.
P.O. Box 332, Topeka, KS 66601-0332**

102KS3152

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby request and authorize the Kansas Bureau of Investigation to furnish the above named company with criminal history information as described in K.S.A. 1985 Supp. 22-4701(b). This includes all information defined with K.A.R. 10-1-1 (b), (c), and (d).

I voluntarily waive all right of recourse and release you from liability for compliance with this authorization.

Last _____

First _____

Middle _____

Any other name used: _____

Street _____

City _____

State _____

Zip Code _____

Sex: _____ **Race:** _____ **Height:** _____ **Weight:** _____

Place of Birth: _____

Birth Date: (mm/dd/yyyy) _____

Social Security #: _____

Occupation: _____

Additional Information: _____

Signature _____

Date: (mm/dd/yyyy) _____

KBI RESPONSE: