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**AUTHORIZATION FOR RELEASE OF MEDICAL AND PERSONAL INFORMATION**

STATE OF LOUISIANA

PARISH OF \_\_\_\_\_

TO: Any physician, psychologist, social worker, hospital, clinic, or other health care provider, law enforcement Agency or officer, any branch of the Armed Forces of the United States, or any individual or institution having information about me.

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified, in and for the Parish and State aforesaid, personally came and appeared:

\_\_\_\_\_  
**Affiant's Name (Printed)**

\_\_\_\_\_  
**Affiant's Address (Printed)**

Who being by me first duly sworn, deposed and said:

I, \_\_\_\_\_, do hereby give my consent in authorizing full disclosure and review of all records and information, verbal or written, concerning myself to any duly authorized agent of the Louisiana Department of Public Safety and Corrections, Office of State Police, Concealed Handgun Permit Section, whether said records are public, private, confidential, or privileged in nature. I further understand that if any of the records obtained are confidential or privileged, the Louisiana Department of Public Safety and Corrections will maintain the privilege or confidentiality of such records.

The intent of this authorization is to give my consent for full and complete disclosure of any and all medical, criminal, or other personal information regarding me, including but not limited to physical, psychiatric, or substance abuse treatment and/or consultation records, and all records pertaining to my conduct such as background reports, criminal history records, etc. I further understand that this release will only be used to obtain information for the purpose of determining my eligibility for a Louisiana Concealed Handgun Permit.

I understand that any information obtained through a medical or personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my eligibility for a concealed handgun permit. I also certify that any person(s) who may furnish such information concerning me shall not be held liable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I also understand that a reproductive copy of this release affidavit shall be for all intents and purposes as valid as the original. I request and appreciate your full cooperation.

This release shall be and remain valid from the date of execution until the expiration or revocation of any concealed handgun permit issued to me pursuant to this application, or until my application for a concealed handgun permit has been denied pursuant to a final judicial decision.

\_\_\_\_\_  
**Affiant's Signature**

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
**Print, Type, or Stamp Name of Notary Public**

\_\_\_\_\_  
**Notary Public**

MY COMMISSION EXPIRES \_\_\_\_\_

*Affidavits are valid for sixty days after notarization.*