



Aurora Police Department

15001 E Alameda Parkway, Aurora, CO 80012

Authorization for Release of Financial Information

APD Case # \_\_\_\_\_

Account Holder Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Account Number(s) \_\_\_\_\_ Date(s) of Record(s) \_\_\_\_\_

I hereby request and authorize (Financial Institution Name, Address, Routing Number)

\_\_\_\_\_  
\_\_\_\_\_

To disclose my financial records and financial information including any confidential or privileged information to the extent deemed necessary by the Aurora Police Department's investigator(s) to commissioned police officer of the Aurora Police Department. I understand that information released may include verbal and/or written information regarding my financial records.

I further understand that:

- My signature is voluntary and my failure or refusal to sign will not affect in any manner whatsoever my finances or accounts or my ability to apply for any kind of financing
- I may revoke this authorization at any time in writing, but if I do, such revocation will not have any effect on any action taken prior to receipt of the revocation
- If I do not revoke this authorization, it will automatically expire 365 days from the date of my signature.
- The Aurora Police Department is not a financial institution or financial services provider, so the released information may be further disclosed and may no longer be protected by federal privacy regulations
- By my signature I am releasing all parties from any liability that may result from furnishing the information released or requested
- I can inspect or copy any information disclosed under this release
- I have a right to a copy of this authorization
- A copy or facsimile of this authorization shall be considered as valid as the original

By signing below, I am certifying that I am executing this document knowing and voluntarily and that no threats, promises, or inducements have been made to me in order to obtain my signature. I acknowledge and specifically authorize this information to be shared with Prosecuting Attorney's Offices for the purposes of pursuing lawful criminal prosecutions, including acknowledging that my records can be entered into evidence in such prosecutions. I acknowledge and understand my information may be discoverable by Defendants and their legal counsel. My authorization does not extend so far as to prohibit me or my representatives from requesting appropriate protective orders authorized by Statute, Rule, or Case Law.

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Police Officer Witness \_\_\_\_\_ Date \_\_\_\_\_

*Copy is as valid as the original*