



Authorization for Release of Records

Use this form when requesting records housed and controlled by the Enforcement Unit of the Educator Talent Office. There may be records on file with the Colorado State Archives Office that were transferred from our control to theirs. Most records that were transferred will be more than fifteen years old. To seek such records, you may request records from the State Archives Office at <https://archives.colorado.gov/request>.

DIRECTIONS

Requestor: Complete the top portion of this form and indicate which record(s) you are seeking. Then forward form to the person (applicant/credential holder) in which you are seeking records on. Once this completed form has been returned by the applicant, you will upload the request to us via our website at <http://www.cde.state.co.us/cdeprof/educatorlicenserecordsrelease> in the section titled "Ready to Upload Completed Request Form." Please do **not** mail the request to our office as significant delays may occur.

Educator/Applicant/Credential Holder: Complete the bottom portion of this form in front of a notary. Return completed and signed form to the requestor.



Release may be subject to fees and once this completed form has been received, an invoice may be sent to the requestor

To be completed by the Requestor

* Required Field by Requestor

Request is being made on the behalf of a: *(Choose only one)*

School District Private School College/University Self Representing Attorney Other (list): _____

Requestor's Last Name* Requestor's First Name* Email Address*

Title* Contact Phone* Today's Date* Name of Requesting Agency*

N/A N/A

Your signature affirms that the requested information will not be used for solicitation of business or monetary or pecuniary gain and acknowledges such a violation is a misdemeanor. *X*

Preferred Method of Contact* *(Choose only one)* Electronically Phone (verbal release – typically for school districts) (CDE will email you to set up a virtual meeting once request is received)

By default, CDE will compile the requested documents and provide them to you via an encrypted file share. We will provide you with instructions on how to access the file.

Name of the Person you are Requesting Records on:*	Last Name*	First Name*	Date of Birth*	<p>Release may be subject to fees. If fees apply, CDE will provide you with an invoice with the cost prior to the release.</p> <p>The records in the custody of the Educator Talent Unit are considered "Criminal Justice Records" and as such, release of "Criminal Justice Records" is governed by the Colorado Criminal Justice Records Act (CJRA), C.R.S. 24-72-301 et seq. Pursuant to the CJRA §24-72-306, reasonable fees, not to exceed actual costs, including but not limited to personnel and equipment, for the search, retrieval, and redaction of the records will have to be paid before the records are released. Fees are billed in quarter hours at the rate of \$7.50, or \$30.00 per hour, with a 1 hour minimum fee per request. Once the fee has been received by our office, the records will be compiled. If the actual time exceeds the quote shown on the invoice, additional fees may be required.</p>
Is this Person Currently Employed by your Agency?*	<input type="checkbox"/> Yes <input type="checkbox"/> No, if no: <input type="checkbox"/> Potential Hire <input type="checkbox"/> Request is for Self <input type="checkbox"/> I Represent this Person		List the Time Frame for the Records you are Seeking* Month/Year to Month/Year	
Specifically check the information or record you are requesting (check any that apply)*:				
<input type="checkbox"/> Copy of an Application <input type="checkbox"/> CBI/FBI Criminal History Synopsis* <input type="checkbox"/> CDE State Board Disciplinary Action <input type="checkbox"/> Correspondence <input type="checkbox"/> Law Enforcement Records** <input type="checkbox"/> CDE State Board Settlement/Stipulation <input type="checkbox"/> Notes <input type="checkbox"/> Criminal Court Records** <input type="checkbox"/> Other not Listed, Specify: _____ <input type="checkbox"/> Enforcement Case Synopsis <input type="checkbox"/> Past Employment Personnel File**				

*Only a synopsis of the history may be released.
 **CDE may provide information on where to obtain documents from law enforcement agencies, courts and/or past employers, and not the actual document(s), in some cases.
 Official transcripts may not be released by CDE and must be obtained by the student directly from their college/university. CDE has no test score reports, the student must obtain those directly from the testing agency.

To be completed by the Applicant/Credential Holder and Notary

* Required Field by Educator/Applicant/Credential Holder

Last Name* First Name* Middle Name Date of Birth*

List any Previous Names Used (maiden name, nickname, etc.)* Contact Daytime Phone* Email Address*

N/A Cell

Mailing Street Address* City* State* Zip*

Social Security Number* - - I do hereby request and authorize the Colorado Department of Education to release any and all requested records in the possession of CDE to the above requestor. This authorization shall be valid indefinitely.

Signature in Front of a Notary* Date*

X

Notary

Witness my hand and official seal.

The foregoing instrument was acknowledged before me this:	Date
My Commission Expires:	Date
Notary Public Printed Name	
By	Notary Public Signature

Seal



Important: once completed, visit us at <http://www.cde.state.co.us/cdeprof/educatorlicenserecordsrelease> and upload there.