## Maryland State Police Authorization for Release of Information to Purchase a Regulated Firearm

<u>Instructions</u>: This form must be submitted with MSP 77R Part 1 and Part 2. The Application number on Part 2 of the Application must be written in the spaces marked "Application #".

|  | Application #:   |   |  |
|--|--|---|--|
| Applicant Information  |  |   |  |
| Last Name:   | First:   | Middle:   | Suffix:  |
| Driver's License ID #:   | State:   | Social Security #:  |  |
| Street Address:  |  |   |  |
| Town/City:   |  | State: Zip Code:  |  |
| Date of Birth:   | Race:  | Sex: 1  | Male □ Female □  |
|  |  |   |  |
| I,(First Name)   | (Middle Name)  | (Last Name)   | ,  |
| authorize the Department of department of another state, to whether I suffer from a men Article and have a history of viadmitted for more than 30 consthat provides treatment or service I acknowledge that this inform Title 5, Subtitle 1 of the Public eligibility to possess a regular regulated firearm is disapproved obtained via this authorization. I further acknowledge that I may Police has already taken activated at the provided of the public policy of the public policy. In the public policy of the public policy of the public policy of the public policy of the public public policy of the public pu | disclose to the Departal disorder as definition to behavior against secutive days or involutes for individuals with the secutive days or involutes for individuals with the secution will be used so its Safety Article, Annated firearm. In the sed, I acknowledge to may be used in any property and at any time, except on in reliance on it, ag. If not previously reapplication or upon the secution of the secution of the secution of the secution in the secution of t | rtment of State Police inforced in §10-101(f)(2) of the tanyone; or whether I have untarily committed to a factifith mental disorders.  The policy as part of the investigation of the investigation of the investigation and event that my Application and receding relating to the direct to the extent that the Defrevoke this authorization evoked, this authorization is | rmation limited to e Health–General re been voluntarily cility or institution gation required by to determine my on to purchase a l any information exapproval. expartment of State a by submitting a will terminate one |
| (Signature)  |  | (Date)  |  |