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

Instructions: 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: Male ☐ Female ☐

I, _____,
(First Name) (Middle Name) (Last Name)

authorize the Department of Health and Mental Hygiene, or any other similar agency or department of another state, to disclose to the Department of State Police information limited to whether I suffer from a mental disorder as defined in §10-101(f)(2) of the Health–General Article and have a history of violent behavior against anyone; or whether I have been voluntarily admitted for more than 30 consecutive days or involuntarily committed to a facility or institution that provides treatment or services for individuals with mental disorders.

I acknowledge that this information will be used solely as part of the investigation required by Title 5, Subtitle 1 of the Public Safety Article, Annotated Code of Maryland, to determine my eligibility to possess a regulated firearm. In the event that my Application to purchase a regulated firearm is disapproved, I acknowledge that this authorization and any information obtained via this authorization may be used in any proceeding relating to the disapproval.

I further acknowledge that I may at any time, except to the extent that the Department of State Police has already taken action in reliance on it, revoke this authorization by submitting a request for revocation in writing. If not previously revoked, this authorization will terminate one year after the date I sign this Application or upon notification to me of the disapproval of this Application, whichever occurs first.

_____ _____
(Signature) (Date)