

Request for Investigation and Waiver of Liability

Appeal to the Denial or Revocation of a FOID Card

Pursuant to 430 ILCS 65/1, et seq., I (*print name*) _____, hereby petition for relief from the legal disability to the right to possess firearms. I further request the Illinois State Police (ISP) conduct an investigation authorized by 20 Ill. Adm. Code 1230.70, to determine my eligibility to possess a Firearm Owner's Identification (FOID) card.

I authorize any individual, organization, agency, or healthcare provider that maintains records relating to me to provide these records upon request to any agent of the Illinois State Police conducting such an investigation. The intent of this authorization is to give my consent for full and complete disclosure (both verbal and documentary) of medical (including mental health and drug/alcohol abuse) records, criminal and law enforcement records, court records, internal investigation records, military records, employment records, background reports, and complaints, regardless of whether said records and information are of a private, public or confidential nature.

I also certify that any person or entity that may obtain, furnish or exchange such information concerning me shall be held harmless and not liable for providing this information. I do hereby release from all liability and promise not to sue said persons or entities on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of the-furnishing or exchanging of information. I specifically waive my rights to written notice of release of information relating to prior disciplinary actions, as provided by the Illinois Personnel Record Review Act. I specifically waive my rights under the Health Insurance Portability and Accountability Act (HIPAA). I waive my rights under any state statute governing the confidentiality of medical records. I further release the Illinois State Police, its agents and designees under this release, from all liability that may be incurred as a result of obtaining, furnishing, or exchanging such information.

I understand this request and waiver is valid for one year from the date of execution and that I may withdraw this at any time by informing the Illinois State Police, Firearms Services Bureau, in writing. I affirm that I have legal authority to exercise such release in that I am the subject of such records. A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this request for investigation and waiver of liability form.

X

Signature (required) Print full name Date

Print other name(s) used

Address / City / State / Zip

Date of birth XXX — XX - _____ Last four digits of social security number

Return ORIGINAL document to:
Illinois State Police
Firearms Services Bureau – ATTN: APPEALS
801 South Seventh Street, Suite 400-M
Springfield, IL 62703-2487

Signature of Parent or Legal Guardian of Minor:	
_____ Signature	_____ Date
_____ Print Name	