

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

Instructions: Submit this form with the form MSP 77R Part 1 and Part 2

Application Tracking # _____ (Located in Red on the Top Right of form MSP 77R- 2)

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

Race: _____ Sex: Male Female Date of Birth: _____

Social Security # _____

Home Address: _____

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 confined for more than 30 consecutive days to a mental health facility as defined in [§ 10-101 of the Health--General Article](#).

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 such 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 denial of this application, whichever occurs first.

(Signature)

(Date)

Name (Printed)