

CONSENT TO RELEASE CRIMINAL RECORD INFORMATION

Requesting Department: Clark County Juvenile Court, CASA Program
 Person Requesting Information: Candice Jones, Volunteer Coordinator

Date: ___ / ___ / ___ I, _____, _____, _____,
 (today's date) (Print Your Name) (date of birth)
 hereby give the Sheriff of _____, _____,
 (County) (State)
 and/or the _____ City Police Dept. of _____, _____,
 (City) (City) (State)
 permission to release any records that I may have, to the Clark County Juvenile Court CASA
 Program. I hereby release the Sheriff of _____ County, _____ and/or
 (County) (State)
 the _____ City Police Department of _____, _____ from
 (City) (City) (State)

any liability arising from information given, as guaranteed under the Privacy Act.

Optional *****
 * *
 Race: _____ *
 * *
 Male: { } Female: { } *
 * *
 Are you a citizen of the *
 United States?: _____ *
 * *
 If yes, how long?: _____ *

Signature (In Writing)

Address

Social Security Number

(Sheriff or Police Department Use Only)

Record Information: _____

 Person Releasing Information: _____ Title _____