



ONEIDA COUNTY SHERIFF'S OFFICE

Grady M. Hartman
Sheriff

Terri M. Hook
Chief Deputy



SPECIAL AUTHORIZATION FOR RELEASE OF JUVENILE RECORDS

In compliance with Wis. Stats. §48.78, § 938.78, and §938.396(1) law enforcement records of juveniles are not open to inspection. It is the policy of this department to omit juvenile references and other information that could disclose the identity of any juvenile(s), unless you have notarized documentation showing you are the legal guardian/custodial parent or an authorized release from the juvenile.

I am the:

Biological Parent Custodial Parent Guardian ad Litem named by Court

Insurance Company and/or Representing Attorney
(must provide signed/written release from juvenile's parent/guardian/legal guardian/custodial parent)

Other: _____

OTHER AS REQUESTOR

I _____, Date of Birth _____, am the legal guardian/
(Full Name)

custodial parent of _____, date of birth _____, and
(Full Name of Juvenile) (Date of Birth of Juvenile)

I hereby authorize the Oneida County Sheriff's Office to release to me involving said juvenile for an incident that occurred on or about _____.
(Date of Incident)

Dated _____
(Signature of Legal Guardian/Custodial Parent)

THIS DOCUMENT MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

If any of the information provided on this document is found to be false, the individual who signed the document could face criminal penalties.

State of _____
County of _____

Signed and sworn to before me on this _____ day of _____, 20 _____

_____ My commission expires: _____

(Signature of Notary Public)

[Official Notary stamp/seal]