## **Lane County Juvenile Record Release Form**

Requestor Name:	Juvenile Full Name:
Phone Number:	
Address:	Juvenile Date of Birth:
Reason For Request:	
THE JUVENILE OR FORMER JUV	ENILE'S RELEASE OF RECORDS TO A <u>LICENSING AGENCY</u>
any part thereof, concerning myself, by and to	ization, its officers, agents, assignees and employees to release all records, or a ANY duly authorized agent of the, whether the tial nature for the purposes of evaluating me for suitability to be licensed as
THE JUVENILE OR FORMER JUVEN	TILE'S RELEASE OF RECORDS TO A MILITARY OR NATIONAL
Lauthorize an invest	<u>SECURITY OFFICE</u> igator, special agent, or other duly accredited representative of the authorized
	expensive strains again, or other daily decreased representative of the dathorized avestigation, reinvestigation, or ongoing evaluation (i.e. continuous
	ssified information or, when applicable, eligibility to hold a national security
sensitive position to obtain any information re	elating to my activities, conduct, and character from juvenile records.
JUVENIL	E IDENTIFICATION VERIFICATION
Juvenile <u>must</u> appear in our Lane County Ad	ministration office with a form of valid ID:
I am not able to present my identification in	person, and I am requesting that my juvenile records are: (please check one)
☐ Mailed to me	☐ Produced to the party identified above
Juvenile's Signature:	Date:
Address:	
Type of legal identification used:	
Lane County Staff Print Name:	Signature:
	Date:
If Juvenile is <i>not</i> local, a certified Notary mus	st confirm identity:
Juvenile's Signature:	Date:
Address:	
Type of legal identification used:	
The above named party personally appeared bidentity.	perfore me and provided me a legal form of identification confirming their
	Notary Public for Date
	My Commissioner Expires: