



City of Cleveland

Jane L. Campbell, Mayor

Department of Public Safety
 Division of Police
 Edward F. Lohn, Chief
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 Cleveland, Ohio 44113-1648
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AUTHORIZATION FOR RELEASE OF JUVENILE INFORMATION

For a period of one year from the execution of this document, the undersigned authorizes full disclosure of all records concerning the below listed juvenile to any agent of any municipal or county law enforcement agency, any agent of the state of Ohio, the Ohio State Patrol or any individual or entity assigned by the Cleveland Division of Police, whether the records are of a public, private, internal or confidential nature. I direct the release of such information regardless of any agreement I may have made to the contrary with any entity or individual to whom the juvenile's information is released or presented.

The intent of this authorization is to give my consent for full and complete disclosure of confidential juvenile information. Additionally, I understand the duty of the Cleveland Division of Police to release any information to the proper authorities and make other reports as may be mandated by law. I also certify that any person(s) who may furnish such information concerning the below listed juvenile shall not be held accountable for giving this information; and I do hereby release such person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Cleveland Division of Police, the Ohio Emergency Management Agency, the Ohio Broadcasters Association and its agents, and designees under this release, from any and all liability which may be incurred as a result of furnishing such information. I further release Cuyahoga County and CECOMS and their agents, officers, employees, administrators, representatives and servants from any and all liability that may be incurred as a result of furnishing juvenile information, and waive any restrictions imposed by law in disseminating such information.

A photocopy of this release document will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

PLEASE PRINT OR TYPE

JUVENILE FOR WHICH INFORMATION RELEASE IS AUTHORIZED:

NAME: _____

DOB: _____

SSN: _____

PARENT/LEGAL GUARDIAN AUTHORIZING RELEASE OF INFORMATION:

Last Name	First Name	Middle Initial	Maiden name, former married name(s) or other names used
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Current Address:

Street Number	Street Name	City	State	Zip Code
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 Signature of Parent/Legal Guardian
 (Including mother's maiden name)

 Witness

 Date