

Anchorage Police Department

Consent and Release Form – Juvenile

(use this form if you are requesting records pertaining to a juvenile
for whom you are the custodial parent or legal guardian)

Instructions:

- 1. Download file to your computer.**
2. Open the file in Adobe Acrobat.*
3. Fill out form and sign.
4. Save completed file to your computer using the Save Button on the last page of the form.
5. Attach the completed file to your request in the APD Public Records Center.

*Adobe Acrobat is a free program that allows you to view, print, sign and share PDF files. For more information and to download visit: <http://acrobat.adobe.com>

Consent and Authorization to Release Unredacted Police Record(s) Pertaining to a Juvenile

Juvenile's name (Printed): _____

Juvenile's date of birth: _____

APD Case number: _____

Requestor's name (Printed): _____

Requestor's date of birth: _____

Relationship to Juvenile: _____

Is a custody order in place? Yes No

_____(initial) I certify that I am the custodial parent or legal guardian for the above-mentioned juvenile and have full legal authority to request unredacted records on the juvenile's behalf.

_____(initial) I certify that if a custody order is in place by the court, I have been assigned as the custodial parent or legal guardian.

_____(initial) I understand APD may request I provide documentation of relationship, custody order or legal guardianship prior to releasing any reports or information.

I am requesting police record(s) that pertain to _____ (juvenile's name).

I recognize that under state and municipal law, including but not limited to AMC 3.90.040 (J), Anchorage Police Department is required to redact personal information for juveniles to protect their privacy.

As custodial parent or legal guardian, I knowingly waive that right, and hereby request unredacted records with regards to _____ (juvenile's name). I understand this release is valid for the specific report(s) stated above and for this request only.

I understand that Anchorage Police Department may redact private information of other individuals.

I indemnify and hold harmless the Anchorage Police Department and the Municipality of Anchorage for releasing unredacted records. I recognize the Anchorage Police Department relinquishes all control of the records once they are released to me. I take full responsibility for these records with unredacted information, and for whatever happens to them after Anchorage Police Department provides them to me. If I provide these records to a court, government agency, or other party, I recognize that they may become part of the public record.

Date: _____

Name (Printed): _____

Signature: _____

Contact number: _____