

AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Date of Birth: _____ Social Security Number _____

Address: _____

I request that information regarding a report to law involving my children be released as set forth on the form: In accordance with New York State Law, I understand that:

1. I state and confirm that I currently have legal custody over my children,
 (name) _____, born __/__/__,
 (name) _____, born __/__/__,
 (name) _____, born __/__/__, and
 have attached hereto any applicable court order which awards legal custody to me. I specifically authorize release of such information to myself at the address listed above, or to an email address provided by me to the Saratoga County Sheriff’s Office, New York.
2. I have the right to revoke this authorization at any time by writing to the law enforcement entity listed below. I understand that I may revoke this authorization except to the extent that the action has already been taken based on the authorization.
3. Name and address of law enforcement entity to release this information: _____

4. Specific information to be released:

5. Reason for release of information:
 _____ At request of individual
 _____ Other: _____
6. Date or event on which this authorization will expire: _____

All items on the form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of requester of information

Date: _____

Sworn to before me this _____
Day of _____, 2021

Notary Public

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