



2135 South Ammon Road, Ammon, Idaho 83406

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

This document is a Release of Information that is being agreed to and signed voluntarily. The below named minor is an individual under the age of eighteen (18) years of age. This release authorization to do a investigation, which shall include a check of the juvenile justice records of adjudications of the Magistrate Division of the District Court, County Probation Services, and Department of Health and Welfare records as authorized by the minor's parent/guardian. (City Code 6-3-4-F-3).

The parent/guardian of the below named minor hereby authorizes the City of Ammon to contact, review or discuss Juvenile Justice Records with the following entities:

Magistrate Court
County Probation
Department of Health and Welfare

Information obtained by this investigation may be used by the City and its officers, agents, employees and elected officials as permitted under Ammon City Code, Title 6, Chapter 3 only. Further dissemination or other use of this juvenile history information is prohibited.

Minor's Full Name

Minor's Social Security Number

Parent/Guardian Signature

Date

SUBSCRIBED AND SWORN to before me, a Notary Public in and for the State of Idaho, on this ____ day of _____, 20__.

Notary Public for Idaho
Residing at _____
Commission Expires: _____

This section is to be completed by an authorized Department of Health and Welfare employee only:

RESULTS OF THE SEARCH OF THE IDAHO CHILD ABUSE AND NEGLECT REGISTRY	
<input type="checkbox"/> The above name is not listed in the Child Abuse and Neglect Central Registry.	
<input type="checkbox"/> The above name is listed in the Child Abuse and Neglect Central Registry as having abused or neglected a child.	
<input type="checkbox"/> Other - See attached correspondence for additional information.	
Signature of Authorized IDHW Employee:	Date: