

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,

	cials as permitted under Ammon C tion or other use of this juvenile hi	•
Minor's Full Name	Minor's Social Security Number	Date of Birth
Parent/Guardian Signature	Date	
SUBSCRIBED AND SWORN to be on thisday of, 20	efore me, a Notary Public in and for	the State of Idaho,
Notary Public for Idaho		
Residing at		
Commission Expires:		
This section is to be completed by aronly:	n authorized Department of Health a	nd Welfare employee
RESULTS OF THE SEARCH OF T	HE IDAHO CHILD ABUSE AND NE	EGLECT REGISTRY
$\Box$ The above name is not listed in the	he Bonneville County Juvenile Justic	e Records.
☐ The above name is listed in the abused or neglected a child.	e Bonneville County Juvenile Justic	ce Records as having
☐ Other - See attached correspond	ence for additional information.	
Signature of Authorized Bonneville		Date: