



CLINTON COUNTY SHERIFF'S OFFICE
OPERATION SAFE CHILD
 Release Form



Please Print All Information

Child's Full Name: (first / M.I. / last)

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Date of Birth: (mm/dd/yy)

Gender: (circle one)

/ /	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Race: (circle one)

White	Black	Hispanic	Asian	American Indian	Bi-Racial	Other
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Birth City / State:

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Eye Color:(one color) Hair Color:(one color) Height: (Feet & Inches) Weight:

		Ft	In	Lbs
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Mother's Name: (first / last / maiden)

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Distinguishing Marks, Scars, Piercings, Corrective Lenses, Medications & Medical Conditions:

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Street Address: City State Zip Contact Phone #

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- By checking this box, I do hereby give permission to members of the Clinton County Sheriff's Office to fingerprint and photograph the above named child for purposes of producing an Operation Safe Child identification card for use in the event that this child is lost or missing.

- By checking this box, I do hereby give permission as the child's parent or legal guardian, to allow the photograph, biographical information and fingerprints, to be stored at the NYS Division of Criminal Justice Services. If this option is chosen, all information will be deleted when a child reaches 18 years of age. If this option is not chosen, all information will be deleted after producing the child ID card. I understand that this information can be used, without additional authorization, to locate my child if he/she is reported missing to a police agency.

 Parent/Legal Guardian Name (Printed) Parent/Legal Guardian (Signature) Date

Official Use Only

Badge N^o:	Purge Year: