

MARICOPA COUNTY ATTORNEY'S OFFICE NOTARIZED AUTHORIZATION AND RELEASE

I			
Full Name	DOB (MM/DD/YYYY)	<u> </u>	Address
certify that I am the: OVictim	OVictim-Next of Kin	O Defendant	Witness
in CR			
Case Number			
I hereby authorize and consent to	the release by the Marico	pa County Attor	ney's Office of the
following information which may	y be contained in the recor	rds pertaining to	the criminal case:
(Check all that apply)			
Personal identifying and loca	ting information protected	d by A R S 88 1	3-4434 or 39-123 01
Visual depiction/images of a	-	•	
A.R.S. §§ 13-4434 or 39-1		less under 10 yea	as of age protected by
Medical and mental health re		uations diagnose	es reports or notes of
treatment.	eoras, meraamg any evar	autions, anagnose	ss, reperts or notes or
Educational or academic reco	ords.		
Financial records or bank acc			
Military records.			
•			
Disclosure shall be made to the	individual listed below.		
Individual to Receive Records		Phone Number or Email Address	
marriada to necesse nece	u 3	i none numbe	. of Email Address
Signature		Date of Consent	
	NOTARIZATION SI	ECTION	
CTATE OF A DITONA			
STATE OF ARIZONA COUNTY OF	_		
On this day of	20, before me personal	y appeared	
(Name	of Claimant) and is known to me	to be the person desc	ribed in and who executed the
foregoing Release form.		•	
foregoing Release form.		·	
foregoing Release form. Subscribed and sworn to (or affirmed) before			, 20,
Subscribed and sworn to (or affirmed) bef	ore me on this		, 20 ,
	ore me on this		, 20 ,

(Notary Seal)