



## Operation SAFE CHILD Information Storage and Release Authorization



Operation SAFE CHILD cards should be carried by a parent or guardian. In the unlikely event that your child is missing, the card should be provided to the investigating police agency immediately. This will expedite dissemination of missing child information to police agencies and the public.

*Print All Information*

<b>CHILD'S NAME:</b> _____		
FIRST	MIDDLE	LAST
<b>DATE OF BIRTH:</b> ____/____/____ MM DD YYYY	<b>GENDER:</b> <i>(circle one)</i> <b>MALE</b> <b>FEMALE</b>	
<b>RACE:</b> <i>(circle only one)</i> <b>White</b> <b>Black</b> <b>Hispanic</b> <b>Asian</b> <b>Native American</b> <b>Bi-Racial</b> <b>Other</b>		
<b>BIRTH PLACE:</b> _____ / _____ City State		
<b>EYE COLOR:</b> _____ (One color only)	<b>HAIR COLOR:</b> _____ (One color only)	
<b>HEIGHT:</b> _____ Feet _____ Inches	<b>WEIGHT:</b> _____ pounds	
<b>MOTHER'S FIRST NAME:</b> _____ <b>MOTHER'S MAIDEN NAME:</b> _____		
<b>OTHER INFORMATION:</b> (Piercing, Scars, Marks, Tattoos, Medical Conditions, Medications, Dental Appliances, Corrective lenses)		

### AUTHORIZATION

Parents and guardians have the option of allowing the photograph, biographical information and fingerprints, to be stored at the NYS DCJS Missing and Exploited Children Clearing House. 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 safe child card.

By placing a checkmark in this box, I indicate that I am the **PARENT** or **LEGAL GUARDIAN** of the child noted above and I authorize DCJS to store his/her photograph and biographical information and fingerprints. 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. This will expedite dissemination of missing child information to police agencies.

I request that an Operation SAFE CHILD card be produced for the above-named child.

\_\_\_\_\_  
Authorizer Name (Printed)

\_\_\_\_\_  
Authorizer's Signature

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Date