



AUTHORITY FOR RELEASE OF INFORMATION (Sexual Offender/Predator Registration Determination)

To: **Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records** APPLICANT'S FULL NAME: _____
 ALIAS(ES): _____
 PLACE OF BIRTH: _____
 DATE OF BIRTH: _____
 SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: Florida Department of Law Enforcement
ADDRESS: 2331 Phillips Road, Tallahassee, FL 32308
CONTACT: 1-888-357-7332, sexpred@fdle.state.fl.us

Having made application to the Florida Department of Law Enforcement (FDLE) for their determination of whether establishing a residency in Florida will require me to register as a sexual offender under the provisions of § 943.0435, Florida Statute or as a sexual predator under § 775.21, Florida Statute, I authorize for one year from the date of this release any representative of FDLE bearing this release to obtain any information and any records pertaining to me held or maintained in a system of records by a law enforcement agency, criminal justice agency, any judicial and court records of any proceeding (juvenile or adult) pertaining to me, any corrections agency, probation or parole records pertaining to my supervision, including any files deemed to be confidential and/or sealed.

I specifically authorized release of any criminal justice records of arrests, detentions, probation and parole records, any and all police reports or police records in which I may be named for any reason, including any files that are or may be deemed to be juvenile, sealed, and/or confidential. I hereby direct you to release this information upon the request of FDLE, either in person or by correspondence. I further authorize FDLE to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of FDLE in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies pertaining to sexual offender/predator matters or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, reports made by law enforcement units and including any Military Criminal Investigation Organizations, Results of trial by courts-martial, non-judicial punishment records, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status.

 Applicant's Signature Date

 Applicant's Address

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of Physical Presence OR Online Notarization

this _____ day of _____, year _____, By _____

Signature of Notary Public – State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced _____