AUTHORIZATION TO PUBLICIZE

Name: Last _______________ First _______________ Middle ______

Nickname, Maiden, or Other Name: __________________________________________

Date of Birth: _____ / _____ / ______ Gender: □ – (M) Male □ – (F) Female

In the event that I am reported missing, I hereby authorize investigating law enforcement agencies and the National Center for Missing & Exploited Children to use the biographical information, photographs, fingerprints, and DNA samples contained in this “Just in Case” booklet. This authorization includes publishing and/or circulating information by any method subscribed to by these agencies. I understand that this information may be made available to the public, media, other law enforcement agencies, hospitals, social service agencies, shelters, medical examiners, and/or other organizations involved with searching for missing persons. I also understand and agree that all information supplied by me shall be truthful, and I agree to hold harmless any agency or other organization using, transmitting, or distributing this information for errors or omissions or commissions occasioned by information I have supplied. I further agree that a photostatic copy of this authorization shall have the same effect as the original.

Signature: __________________________________________

Date: ______________________________________________
Place a recent photo here (head and shoulders only)

Completed By/Date

Notes:
Name: Last ______________ First _______________ Middle ______

Nickname, Maiden, or Other Name: ______________________________

Date of Birth: ______/______/_______ Gender: □ – (M) Male □ – (F) Female

Citizenship: ___________________ Social Security #: ________________

Place of Birth: (City/State/Country) ________________________________

Primary/Permanent Residence

Street Address: __________________________________________________

City: ______________________ State/County/Zip Code: ______________

Other Residence (i.e. temporary college address, Post Office Box)

Street Address: __________________________________________________

City: ______________________ State/County/Zip Code: ______________

Telephone Numbers

Home: ______________________ Business: __________________________

Cell: _________________________ Pager: ____________________________

E-mail Address(es) Used (Personal and Professional): __________________

Internet Service Provider(s) Used: _________________________________

Race: □ – (B) Black □ – (W) White □ – (I) American Indian/Alaskan Native
□ – (A) Asian/Pacific Islander □ – (U) Unknown

Height (HGT) _______Ft/in Weight (WGT): ________________ lbs
Eye Color (EYE)  Hair Color (HAI)  Skin Complexion (SKN)
☐ - (BLK) Black  ☐ - (BLK) Black  ☐ - (DRK) Dark
☐ - (BLU) Blue  ☐ - (BLN) Blond/Strawberry  ☐ - (MED) Medium
☐ - (BRO) Brown  ☐ - (BRO) Brown  ☐ - (LGT) Light
☐ - (GRY) Gray  ☐ - (GRY) Gray  ☐ - (YEL) Yellow
☐ - (GRN) Green  ☐ - (RED) Red/Auburn  ☐ - (RUD) Ruddy
☐ - (HAZ) - Hazel  ☐ - (SDY) Sandy  ☐ - (HAZ) Hazel
☐ - (MAR) Maroon  ☐ - (WHI) White  ☐ - (HAZ) Hazel
☐ - (MUL) Multicolor  ☐ - (GRN) Green  ☐ - (SDY) Sandy
☐ - (PNK) Pink  ☐ - (ONG) Orange  ☐ - (BRO) Brown
☐ - (XXX) Unknown  ☐ - (PLE) Purple  ☐ - (BLU) Blue
☐ - (PNK) Pink  ☐ - (BLU) Blue  ☐ - (XXX) Bald or Unknown

Blood Type (BLT)
☐ - (APOS) A Positive  ☐ - (ANEG) A Negative  ☐ - (AUNK) A/RH Unknown
☐ - (ABPOS) AB Positive  ☐ - (ABNEG) AB Negative  ☐ - (ABUNK) AB/RH Unknown
☐ - (BPOS) B Positive  ☐ - (BNEG) B Negative  ☐ - (BUNK) B/RH Unknown
☐ - (OPOS) O Positive  ☐ - (ONEG) O Negative  ☐ - (O/RH Unknown
☐ - (UNKWN) Unknown

Glasses (SMT/GLASSES)  ☐ – (Y) Yes  ☐ – (N) No

Contact Lenses (SMT/CON LENSES)  ☐ – (Y) Yes  ☐ – (N) No

Scars, Marks, Tattoos or Medical Conditions (SMT) – Describe and include location of all scars, marks, tattoos, and piercings. Also, list by name all medical conditions and required medications:

Note: It is desirable to keep a DNA sample and a “scent article”.

- A sample of your hair (preferably with root attached) or a sterile cotton swab containing saliva taken from the cheek area of the inside of your mouth is useful if DNA comparison becomes necessary. Each sample should be dried and placed in a taped paper envelope (do not lick seal).
- The scent article can be any piece of clothing that you have worn (preferably for a day). It must not be washed and never handled by anyone other than you. Place each scent article in a separate “zip lock” type plastic bag. The success of a search by trained dogs is directly affected by the quality of the scent article.

Each bag and envelope should be clearly marked with your name and date of collection, and kept with this booklet.

Missing College and University Student Cases

Campus safety has become a significant concern of parents and students in recent years, due to tragic occurrences involving missing students and violent crimes in and around college residences. In response to these concerns, several Federal and State laws have been enacted.

In 1990, the Federal Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act was enacted. Among other things, this law requires colleges and universities publish annual campus crime data and institute procedures for timely reporting of crime to law enforcement.

In 2003, the Federal government enacted laws that require law enforcement to enter information about every missing person under the age of 21 into the National Crime and Information Center (NCIC) database. This database contains a variety of information and is accessed by police agencies across the United States and Canada.

In 2008, the Higher Education Act was amended, requiring colleges and universities to have a written policy to investigate all missing persons reports immediately.
Describe Commonly Worn Jewelry (JWT) and Location on Body Where Worn (JWL):

________________________________________________________________________

________________________________________________________________________

Provide Name, Address, and Telephone Number (including area code) for:

Spouse/Significant Other (if applicable):

________________________________________________________________________

________________________________________________________________________

Mother:

________________________________________________________________________

________________________________________________________________________

Father:

________________________________________________________________________

________________________________________________________________________

Sibling(s):

________________________________________________________________________

________________________________________________________________________

Close Friend(s):

________________________________________________________________________

________________________________________________________________________

Physician:

________________________________________________________________________

________________________________________________________________________

Dentist:

________________________________________________________________________

________________________________________________________________________

Current Employer:

________________________________________________________________________

________________________________________________________________________

High School Name and Address: ____________________________________________
College Name and Address: ________________________________

_____________________________________________________

Driver’s License: Number (OLN): ____________________________
Issuing State (OLS): ________________ License Year (OLY): ______

Automobile Registration: Number (LIC): ______________________
Issuing State (LIS): ________________ License Year (LIY): ______
Make (VMA): ________________ Year (VYR): ____________

Name(s)/Location(s) of Financial Institutions Used (i.e. savings accounts, credit/debit cards, checking) – Do not list account numbers, PIN numbers or passwords:

__________________________________________________________________________

__________________________________________________________________________

Professional License(s)/Certifications (include issuing agency name): ______

__________________________________________________________________________

Professional/Fraternal Organization Affiliations: _________________

__________________________________________________________________________

Interests Generally: ________________________________

__________________________________________________________________________

Other Information (i.e. other friends/contact information): ________________

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Additional Photographs

Use this page for additional photographs. Note the date of each photograph.