

CENTRAL OPERATIONS DEPARTMENT
HUMAN RESOURCES DIVISION



AUTHORIZATION FOR JUVENILE RECORD SEARCH

APPLICANT NAME: _____

DATE OF BIRTH: _____

RACE: _____ SEX: _____

I HEREBY AUTHORIZE THE CITY OF JACKSONVILLE TO VIEW MY (SON'S, DAUGHTER'S OR WARD'S) JUVENILE RECORD(S) TO THE EXTENT ALLOWED BY FLORIDA STATUTE SECTION 905.04:

SIGNATURE _____

APPLICANT

PARENT/GUARDIAN
(IF APPLICANT IS UNDER THE AGE OF 18)

State of Florida

County of Duval

Subscribed before me this _____ day of _____

was _____ who produced his/her _____

for identification or who is personally known to me _____ .

NOTARY SIGNATURE

DATE

NOTARY STAMP