

RELEASE OF INFORMATION FORM

NC CENTER FOR MISSING PERSONS – MISSING ENDANGERED

The undersigned hereby authorizes full disclosure of all records regarding **MISSING PERSON** _____, to the NC Center for Missing Persons (hereinafter referred to as the Center) and its agents and the law enforcement agencies investigating this case and their agents. I also agree that such information may be reviewed and stored provided it is done so in a confidential manner and I do so regardless of any agreement I may have made to the contrary with any other individual or entity to whom the missing person's information is released or presented. I also agree to release from liability any person or entity who releases such information pursuant to this investigation. For the purpose of this release, information shall include but is not limited to all documentation and photographic images as well as the spoken word.

A photocopy or electronically transmitted facsimile of the release form will be valid as an original thereof, even though it does not bear an original representation of my signature.

I hereby agree the information I have provided to the Center or its agents or designees to be truthful, factual, and correct. I also agree to and understand the necessity for and give authority to the Center, its agents, or designees to release information to the North Carolina Association of Broadcasters and/or its associates, to other commercial partners, and to essential State agencies and subsidiaries for alerting the public about the missing person.

As parent/legal custodian or person responsible for the supervision of the missing individual, I also understand that in order for the Center to activate the North Carolina Missing Endangered Alert, the following criteria must be met:

§ 143B-1774. of the North Carolina General Statutes requires that, in order to activate a Missing Endangered Alert, ALL of the following conditions must be met:

- 1) The person is *believed* to be suffering from dementia or other cognitive impairment that causes an irreversible deterioration of intellectual faculties that makes them unable to meet their own needs or to seek help without assistance;
- 2) The person is aged 0 – 64 years old
- 3) The person is *believed* to be missing regardless of circumstance;

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- 4) The person's status as missing has been reported to a law enforcement agency having jurisdiction of the area in which the individual became or is believed to have become missing;

Submission of the missing person's report is made by any parent, spouse, guardian, legal custodian, or person responsible for the supervision of the missing individual.

Law enforcement reports the incident to the North Carolina Center for Missing Persons.

Specific health information about the missing person, beyond the fact that the missing person is believed to be suffering from dementia or some other cognitive impairment, is not made public

I am also aware I may face criminal and/or civil penalties for providing false information to law enforcement authorities

I hereby agree to these provisions and willingly sign my name below. **I am authorized** to make this report under the legal authority as this missing individual's:

CHECK ONE:

- ☐ **Parent** ☐ **Spouse** ☐ **Child** ☐ **Sibling**
☐ **Guardian****
☐ **Legal Custodian****
☐ **Person Responsible for the Supervision of the Missing Individual** **

*****PRINT & SIGN NAME – FORM IS NOT VALID WITHOUT SIGNATURE******

_____/_____
(First) (Middle) (Last) (SIGNATURE)

Current Address: _____
(Street Address) (Apt/Lot Number) (City, State, Zip Code)