

Pierce County Sheriff's Department—Corrections

Authorization for Release of Inmate Records

Non-Medical Records—RCW 70.48.100

Full Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

I am requesting:

Inmate records: *Please specify what records you are requesting.*

Dates: *Please specify which dates the records are from.*

Booking Photos: *Please specify which dates the photos are from.*

These records may be released to:

Name or organization: _____

Address: _____

I hereby declare under the penalty of perjury pursuant to the laws of the State of Washington, that I am either the inmate or a representative of the inmate lawfully entitled to obtain records on the inmate's behalf.

Signature of inmate or legally authorized representative

Date

Printed name

Relationship to inmate

Office Use Only (ID of inmate or representative)