



# Virginia "AMBER Alert" Form



## AUTHORIZATION FOR RELEASE OF MISSING CHILD INFORMATION

For a period of one year from the execution of this form, the undersigned authorizes full disclosure of all records concerning my child to any agent of the state of Virginia, Virginia State Police, or any individual or entity assigned by the Virginia State Police, whether the records are of a public, private, internal, or confidential nature. I direct the release of such information regardless of any agreement I may have made to the contrary with any entity or individual to whom my child's information is released or presented. The intent of this authorization is to give my consent for full and complete disclosure of confidential juvenile information. Additionally, I understand the duty of the Virginia State Police to release any information to the proper authorities and make other reports as may be mandated by law. I also certify that any person(s) who may furnish such information concerning my child shall not be held accountable for giving this information; and I do hereby release such person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Virginia State Police, Virginia Emergency Management Agency, Virginia Broadcasters Association and its agents, and designees under this release, from any and all liability which may be incurred as a result of furnishing such information. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. I have read and fully understand the contents of this "Authorization for Release of Juvenile Information."

(Current Address, House Number/Box Number Street Name/Rural Route, City, State, Zip Code)

\s\

(Please Print Last Name, First Name, Middle Initial)

(Please Sign)

## LIABILITY AGREEMENT:

I hereby agree the information I have provided to you acting as an agent of the state of Virginia, Virginia State Police, Virginia Broadcasters Association or any individual or entity assigned by the Virginia State Police, to be truthful, factual, and correct. As the parent/legal custodian, I am aware that in order for the Virginia State Police to activate the Virginia "AMBER Alert," the following criteria must be met:

1. The child is 17 years of age or younger, or currently enrolled in a secondary school in the commonwealth regardless of age, and
2. The parent/legal custodian **must reasonably believe** the child **is in danger** of serious bodily harm or death.

I am also aware I may be charged criminally for committing the crime of knowingly providing false information to law enforcement authorities. I have read and fully understand the contents of this "Liability Agreement."

(Current Address, House Number/Box Number Street Name/Rural Route, City, State, Zip Code)

(Please Print Last Name, First Name, Middle Initial)

(Please Sign)

## INVESTIGATING AGENCY CONTACT INFORMATION:

(Name of Sheriff's Office or Police Department)

(Telephone Number)

(Fax Number)

(Name of Contact Person)

(Cell Phone Number)

(Email Address)

## ABDUCTION INFORMATION

(Date Abducted mm/dd/yyyy)

(Vehicle Description - Make, Model, Year, Color, License Plate Number and State of Issue)

(Time Abducted hh:mm)

(Location of Abduction)

(Direction of Travel / Destination)

## BRIEF INVESTIGATION DESCRIPTION

Date and Time Submitted:



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## CHILD INFORMATION

(Complete an additional entry for each child abducted)

(Last Name)

(First Name)

(MI)

(Gender) (DOB mm/dd/yyyy or Age) (Race) (Height) (Weight) (Hair Color) (Eye Color)

(Shirt Type and Color)

(Pants Type and Color)

(Shoe Type and Color)

(Outerwear Type and Color)

(Other Clothing)

(Additional Identifiers)

(Additional Details)

**Please ensure that you include the most recent photo of the abducted child with this form.**

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**This form can be emailed to [dutysqthq@vsp.virginia.gov](mailto:dutysqthq@vsp.virginia.gov)**



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# Virginia “AMBER Alert” Form



## ABDUCTOR INFORMATION

(Complete an additional entry for each additional abductor)

Known Sex Offender (Y/N)

(Last Name)

(First Name)

(MI)

(Gender) (DOB mm/dd/yyyy)

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