



# FLORIDA DEPARTMENT OF JUVENILE JUSTICE

## Request for Release of Juvenile Records

(Please Print)

*This request may be subject to service charges. Please see Florida Statute Section 119.07(4)(d), F.S. regarding the application of this fee. This office is may request a deposit prior to production of this request.*

I, \_\_\_\_\_, hereby authorize the Florida Department of Juvenile Justice by its agents or authorized representative, to provide \_\_\_\_\_ with the following records regarding: \_\_\_\_\_ date of birth

\_\_\_\_\_  
Youth Date of Birth

\_\_\_\_\_  
Youth Name

*Please Check One*

- Complete Records File
- Face Sheet (RAP Sheet) Only
- Medical Records Only

Signed: \_\_\_\_\_

Self/Parent/Guardian

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Document Return Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
Before me, undersigned authority, personally appeared \_\_\_\_\_. Whose name is subscribed hereon, and who executed same under oath for the purposes herein expressed.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print Name of Notary Public

My Commission Expires: \_\_\_\_\_

\_\_\_ Personally known to me, or  
\_\_\_ Produced Identification  
Type: \_\_\_\_\_

2737 Centerview Drive • Tallahassee, Florida 32399-3100 • (850) 488-1850

Ron DeSantis, Governor

Simone Marstiller, Secretary

*The mission of the Department of Juvenile Justice is to increase public safety by reducing juvenile delinquency through effective prevention, intervention, and treatment services that strengthen families and turn around the lives of troubled youth.*