



**MARICOPA COUNTY ATTORNEY'S OFFICE
NOTARIZED AUTHORIZATION AND RELEASE**

I _____

(Name, Date of Birth, Address) certify that I am a victim/defendant/witness in CR _____.

I hereby authorize and consent to the release by the Maricopa County Attorney's Office of the following information which may be contained in the records pertaining to the criminal case:
(Please initial all that apply)

() Personal identifying and locating information protected by A.R.S. §§ 13-4434 or 39-123.01.

() Medical and mental health records, including any evaluations, diagnoses, reports or notes of treatment.

() Educational or academic records.

() Financial records or bank account information.

Disclosure shall be made to the individual listed below. Valid government-issued identification must be provided to prove identity before the records will be released.

INDIVIDUAL TO RECEIVE RECORDS

PHONE NUMBER

SIGNATURE

DATE OF CONSENT

NOTARIZATION REQUIRED

**STATE OF ARIZONA
COUNTY OF _____**

On this day of _____ 20____, before me personally appeared _____ (Name of Claimant) and is known to me to be the person described in and who executed the foregoing Release form.

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by _____ (Notary Signature).

(Notary Seal)