

Application for Release of Sealed Records

Proper identification must be provided when making request. If request is being made by mail, please include copy of identification for verification. Thank You

Name _____ DOB _____

Reason for Request: _____

Date _____ Signature _____

On this day the above application for release of Sealed records was presented for my approval. I therefore grant/deny the request for the release of the aforementioned information.

Date _____ District Judge _____