SALT LAKE COUNTY SHERIFF'S OFFICE * CORRECTIONS BUREAU

GRAMA – Consent for the Release of Information to a Third Party

I, _____
(Name of Individual authorizing release)

authorize _____
(Name of county agency holding the record)

to release the following information: (description of records or documents)

_____

_____

TO:
_____
(Name of individual receiving the record)

___ I am the subject of the record.

___ I am the legal representative of the subject of the record. (Documentation attached).

I understand that these records are restricted under state privacy laws and cannot be disclosed without my written consent. A notarized release shall not be dated more than ninety (90) days before the request is made.

_____
(Signature of individual authorizing release)

Executed this _____ day of _____, 20_____.

State of Utah)
) ss.
County of Salt Lake)

By _____
Notary Public, State of Utah

_____
Residing in

_____
My commission expires (expiration date)

Subscribed and sworn to before me this _____ day of _____, 20____

by _____, known by me to be the person named above.