

## Consent For Release of Confidential Juvenile Records

The undersigned, \_\_\_\_\_, whose date of birth is \_\_\_\_\_, does hereby give permission, consent and authorization to the Madison Police Department and its Custodians of Records, to release any and all records pertaining to me, including those records pertaining to me when I was a juvenile, including all records of investigations and arrests. Such records shall be released to the Madison Alcohol License Review Committee, its members and its staff, to which I have applied to for a \_\_\_\_\_ license.

I understand that sections 48.396 and 938.396 of the Wisconsin Statutes, may otherwise provide that these would be confidential juvenile records not subject to review by or disclosure to the Madison Alcohol License Review Committee, its members and its staff. I further understand that these records may not be released by the Madison Police Department to the persons designated in this release without my permission or without a court order requiring the Madison Police Department to release these records to the persons designated in this release. I have designated the above-identified persons to review these records pursuant to sections 48.396(1d) and 938.396((1)(c)5 of the Wisconsin Statutes.

I have not been promised anything in return for signing this release and granting to these records nor have I been threatened or coerced in anyway to sign this release and grant access to these records. I acknowledge that I have read the above statements and hereby indemnify and hold harmless, the City of Madison and its officials, employees or agents from any liability arising from the release of these records or damages of any kind to myself, my family, my representatives, and associates. The terms of this release form shall be construed as the entire agreement and may not be altered, amended, or modified except in writing and signed by both parties. The terms of this release shall be governed by the laws of the State of Wisconsin.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2012.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

Subscribed and sworn to before me  
this \_\_\_ day of \_\_\_\_\_, 20\_\_

Notary Public, Dane County, WI  
My Commission expires: \_\_\_\_\_