## AUTHORIZATION TO RELEASE CRIMINAL CASE INFORMATION TO CRIME STOPPERS PROGRAM

OFFENSE_		DATE OF OFFENSE
CASE NUM	MBER	
NAME OF	VICTIM	
I,		, () victim, () witness, () business
manager, ()	property owner, () parent, () guard	dian; residing at
		, business location
		hereby authorize any and all law
enforcemen	t agencies to release information a	about the above referenced criminal case to the Crime
Stoppers for	r release to the media as a "Crime	of the Week". I release this information with the
understandi	ng that it will be used for the purp	ose of furthering the investigative effort.
DATE:		
SIGNATUR	RE	
WITNESS _		
WITNESS _		
Original: cc:	Crime Stoppers File Complainant Case File	