

CLINTON COUNTY SHERIFF'S OFFICE OPERATION SAFE CHILD

Release Form



Please Print All Information

Date of Birth: (r	nm/dd/yy)	Ge	nder: (circle	e one)		
1 1			Male		Female	
Race: (circle or	ie)					
White Black	Hispanic	Asian	American II	ndian	Bi-Racial	Other
Birth City / Stat	e:			·····		
Eye Color:(one co	olor) Hair Colo	Or:(one color)	Height: (Fe	eet & Inches)	Weight:	
			Ft	In		Lbs
Mother's Name	: (first / last /	maiden)				
Distinguishing Mark	s, Scars, Piercing	gs, Corrective	Lenses, Medic	ations & M	edical Conditio	ns:
						1
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