AUTHORIZATION TO EXAMINE ELECTRONIC DEVICES

Boone County Sheriff's Office
Cyber Crimes Task Force

The undersigned _____,
residing at _____, do hereby voluntarily authorize _____ and other investigators he/she may designate to assist them, to examine my computer(s), mobile devices(s) or any and all other seized items capable of digital data storage identified as follows: _____

_____

_____

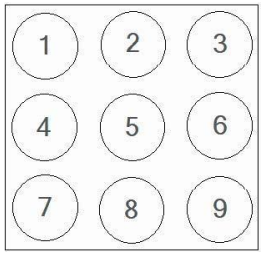
_____

located at _____

This authorization includes permission for investigators to examine any and all memory, media files, communications, databases, or other stored data contained within or as part of this device. I further authorize said investigators to copy or record any files, data, or other information from this device that they may deem important to their investigation.

I am giving this written permission voluntarily, without any threats or promises having been made, and after having been informed that I have the right to refuse consent for this examination.

Associated Passwords:



Device User Signature: _____

Parent / Guardian: _____

Witness: _____

Date and Time: _____