



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Rick Scott, Governor

Christina K. Daly, Secretary

Request For Release Of Juvenile Records

(Please Print)

This request may be subject to service charges. Please see Florida Statute Section 119.07(4)(d), F.S. regarding the application of this fee. This office may request a deposit prior to production of this request.

I, _____, hereby authorize the Florida Department of Juvenile Justice by its agents or authorized representative, to provide _____ with the following records regarding: _____ date of birth

Youth Name

Youth Date of Birth

Please Check One

- ☐ Complete Records File
☐ Face Sheet (RAP Sheet) Only
☐ Medical Records Only

Signed _____
Self/Parent/Guardian

Email: _____

Phone: _____

Fax: _____

Address: _____

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, before me, the undersigned authority, personally appeared _____, whose name is subscribed hereon, and who executed same under oath for the purposes herein expressed.

Notary Public

Print Name of Notary Public

My Commission Expires: _____

☐ Personally Known To Me

☐ Produced Identification

Type: _____

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The mission of the Department of Juvenile Justice is to increase public safety by reducing juvenile delinquency through effective prevention, intervention, and treatment services that strengthen families and turn around the lives of troubled youth.