

BOONE COUNTY SHERIFF'S DEPARTMENT
CYBER CRIMES TASK FORCE
2121 COUNTY DRIVE; COLUMBIA, MISSOURI

AUTHORIZATION TO EXAMINE COMPUTERS AND STORAGE MEDIA

The undersigned, _____ *Printed name of device user(s) / owner(s)*,
residing at _____ *Current address of device user*
do hereby voluntarily authorize _____ *Printed name of officer*
and other investigators he/she may designate to assist them, to examine my computer(s) or any and all
seized storage media identified as

_____ *Computer(s) to be examined*

located at _____ *Location of computer(s)*.

This authorization includes permission for investigators to examine any and all files, memory, or storage contained within or as part of this device. I further authorize said investigators to copy or record any files or data from this device, or other information and data 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 this examination and/or seizure.

Associated Password(s)

User Signature

Parent / Guardian Signature

Witnesses:

Date: _____

Time: _____ a.m. / p.m