

BOONE COUNTY SHERIFF'S DEPARTMENT

CYBER CRIMES TASK FORCE

2121 COUNTY DRIVE; COLUMBIA, MISSOURI

AUTHORIZATION TO EXAMINE MOBILE DEVICE

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 cellular telephone(s) or
other mobile devices identified as

_____ *Mobile device(s) to be examined*

located at _____ *Location of mobile device(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 access any
application or application based web site on this device and to copy or record any files or data from this
device, or applications 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.

Device Password / Swipe Pattern

User Signature

Parent / Guardian Signature

Witnesses:

Date: _____

Time: _____ a.m. / p.m