

BOONE COUNTY SHERIFF'S OFFICE

CYBER CRIMES TASK FORCE

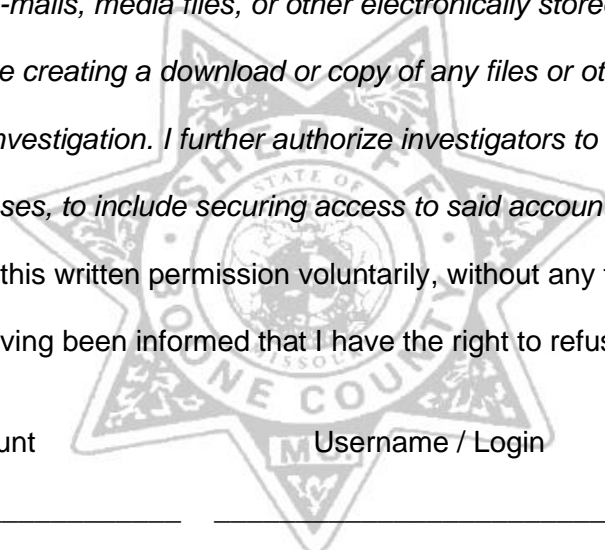
2121 COUNTY DRIVE | COLUMBIA, MO 65202

AUTHORIZATION TO ACCESS ONLINE ACCOUNTS

The undersigned, _____,
do hereby voluntarily authorize _____
and other investigators he/she may designate to assist them, to access the accounts listed below for
the purpose of their investigation.

This authorization includes permission for investigators to examine any and all documents, communications, e-mails, media files, or other electronically stored data contained within these accounts, to include creating a download or copy of any files or other data that they may deem important to their investigation. I further authorize investigators to utilize these accounts as needed for investigative purposes, to include securing access to said accounts as listed below.

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.



Account	Username / Login	Password
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Account User Signature

Parent / Guardian Signature

Witnesses: _____

Date: _____

Time: _____ A.M. / P.M