

BOONE COUNTY SHERIFF'S OFFICE
CYBER CRIMES TASK FORCE
2121 COUNTY DRIVE | COLUMBIA, MO 65202

AUTHORIZATION TO EXAMINE ELECTRONIC DEVICES

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 below 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 Password(s)

1	2	3
4	5	6
7	8	9

Owner Signature

Parent / Guardian Signature

Witnesses:

Date: _____

Time: _____ A.M. / P.M