

Virginia "Senior Alert" Request Form

Incident Information

Date Missing: _____ **Time Reported Missing:** _____
(mm/dd/yy) (hh:mm)

Location of Incident - last known location: _____
(Description)

Direction of Travel/Destination: _____
(City, State, Subdivision)

Vehicle Description: _____
(Make, Model, Year, Color, License Plate Number and State of Issue)

Missing "Senior Adult" (Complete an additional page for each adult reported missing)

Name: _____
(Last, First, MI)

Gender: _____ **DOB:** _____ **Race:** _____
(Male/Female) (mm/dd/yy or Approx. Year) (Include all Types)

Height: _____ **Weight:** _____ **Hair:** _____ **Eyes:** _____
(Feet/Inches) (Lbs.) (Style and Color) (Color)

Clothing:

Shirt: _____
(Type, Long or Short Sleeve, Color)

Pants: _____
(Type and Color)

Shoes: _____
(Type and Color)

Other: _____
(Type and Color)

Outerwear: _____
(Type and Color)

Additional Significant Identifiers: _____

Medical Needs: _____

OBTAIN A PHOTOGRAPH OF THE MISSING SENIOR ADULT, AND E-MAIL TO THE VIRGINIA MISSING PERSON INFORMATION CLEARINGHOUSE dutysqthq@vsp.virginia.gov.

Details: _____

Virginia "Senior Alert" Request Form

Page 2

CONTACT ORGANIZATION:

Sheriff's Office or Police Department: _____

Contact Person: _____

Telephone Number: _____ **Facsimile Number:** _____

Pager Number: _____ **Cellular Telephone Number:** _____

Date and Time Submitted: _____

Virginia "Senior Alert" Agency Request Form

Page 3

AUTHORIZATION FOR RELEASE OF ADULT INFORMATION

For a period of one year from the execution of this form, the undersigned authorizes full disclosure of all records concerning the missing adult to any agent of the state of Virginia, Virginia State Police, or any individual or entity assigned by the Virginia State Police, whether the records are of a public, private, internal, or confidential nature. I direct the release of such information regardless of any agreement I may have made to the contrary with any entity or individual to whom the missing adult's information is released or presented. The intent of this authorization is to give my consent for full and complete disclosure of potentially confidential information. Additionally, I understand the duty of the Virginia State Police to release any information to the proper authorities and make other reports as may be mandated by law. I also certify that any person(s) who may furnish such information concerning the missing adult shall not be held accountable for giving this information; and I do hereby release such person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Virginia State Police, Virginia Broadcasters Association and its agents, and designees under this release, from any and all liability which may be incurred as a result of furnishing such information. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. I have read and fully understand the contents of this "Authorization for Release of Information."

PLEASE PRINT OR TYPE:

Last Name, First Name, Middle Initial

Current Address, House Number/Box Number Street Name/Rural Route, City, State, Zip Code

Signature

LIABILITY AGREEMENT:

I hereby agree the information I have provided to you acting as an agent of the state of Virginia, Virginia State Police, Virginia Broadcasters Association or any individual or entity assigned by the Virginia State Police, to be truthful, factual, and correct. As the guardian or caregiver for the missing adult, I am aware that in order for the Virginia State Police to activate the Virginia "Senior Alert," the following criteria must be met:

1. The missing senior adult is 60 years of age or older, and
2. The guardian/caregiver **must reasonably believe** the missing senior adult has a cognitive impairment, dementia or Alzheimer's and **is in danger** of serious bodily harm or death.

I am also aware I may be charged criminally for committing the crime of knowingly providing false information to law enforcement authorities. I have read and fully understand the contents of this "Liability Agreement."

PLEASE PRINT OR TYPE:

Last Name, First Name, Middle Initial

Current Address, House Number/Box Number Street Name/Rural Route, City, State, Zip Code

Signature:
