

DNA AUTHORIZATION FORM

I do hereby consent to give Buccal Swabs (oral swabs), which will be obtained by Special Agent/Investigator _____, of _____, I have been advised and I understand that an authorized representative of the crime laboratory will examine these samples.

I have had the collection procedure explained to me by Special Agent/ Investigator _____. I understand that I do not have to submit to the collection of said samples, and I do so knowingly and willingly. I also understand that the sample will not be checked against the national database nor kept permanently.

Dated this _____ day of _____, 20_____.

Signature of Consenting Party Printed Name of Consenting Party

Signature of Witness Printed Name of Witness

CASE #_____