



Circuit Court of Missouri
Sixteenth Judicial Circuit Court
Kansas City Municipal Division
511 E. 11th Street
Kansas City, Missouri 64106

(816) 513-2700
Fax: (816) 513-6782
Email: court@kcmo.org

Authorization to Release and Provide Records

(Please read carefully. This form must be signed in ink, dated, and notarized.)

I hereby authorize the Kansas City, Missouri Municipal Court to release to: _____

(List the individual/agency/attorney/business you authorize to receive your records.)

- Checkboxes for authorizing all records or specific cases. Includes instruction to check box for specific cases and list them below.

Blank lines for listing authorized individuals/agencies/businesses.

It is expressly agreed that a photocopy of this authorization shall be valid as an original.

DATE: _____ Print Name: _____
Signature: _____

STATE OF _____)
COUNTY OF _____) ss.

On this ___ day of _____, in the year ___ before me, _____ (name of notary), a Notary Public in and for said state, personally appeared _____ (name of individual), known to me to be the person who executed the within Authorization to Release and Provide Records, and acknowledged to me that ___ (he/she) executed the same for the purposes therein stated.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.

My term expires: _____
Notary Public
(NOTARY SEAL)