

# Law Enforcement Request for DSS Information

ALL REQUESTS MUST BE SUBMITTED TO THE ALBANY COUNTY SHERIFF'S OFFICE FOR APPROVAL VIA THE LINK AT THE BOTTOM OF THIS FORM

## RECIPIENT INFORMATION

\_\_\_\_\_  
Name (Last, first, middle initial)

\_\_\_\_\_  
Last Known Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Other Identifying information (SS#, DOB, Phone #'s. ect.)

## Reason for Request

Active Warrant

Fugitive from Justice

Public Safety

Other Explain \_\_\_\_\_

## Requesting Agency Category

Federal

State

Local

Parole

Probation

Other \*\*

\_\_\_\_\_  
Other must be explained

**Disclosure to Federal, State or local official.** Information may be disclosed to any properly constituted authority. This includes a legislative body or committee upon proper legislative order, an administrative board charged with investigating or appraising the operation of public welfare, law enforcement officers, grand juries, probation and parole officers, government auditors, and members of public welfare boards, as well as the administrative staff of public welfare agencies. All information obtained must be used for official business.

\_\_\_\_\_  
Name of Requesting Agency

\_\_\_\_\_  
Requesting Members Name (please print)

\_\_\_\_\_  
Requesting Member Signature (Fax Only)

\_\_\_\_\_  
Requesting Agency Fax #

\_\_\_\_\_  
Requesting Agency E-Mail

**For County Use Only:**

Date received \_\_\_\_\_

## Authorization

Approved

Denied

Out for Review

\_\_\_\_\_  
Sheriff's Member's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department of Social Service Member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date