

The following federal, state or local government law enforcement agency or officer:

By signing below, I _____, attest to the accuracy and truthfulness of the information provided above.

Notary: _____

My Commission Expires: _____

Signature _____

To Be Completed by the Branch/Department Receiving the Notification

Received by _____ Branch/Department _____

Date Received _____

Verification of Identification _____

ID Country/State _____ ID Type _____

Issued Date _____ Exp. Date _____

Send the completed form to the Security Officer with copies of the identification cards.

To Be Completed by the Security Officer

Date Research Completed _____ Completed By _____

Information Provided to _____ as specified by the victim above.

Date Provided: _____