

# Virginia “Missing Child with Autism 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)

## Childs Information

**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 CHILD, AND E-MAIL TO THE VIRGINIA MISSING CHILDREN INFORMATION CLEARINGHOUSE [vamissing@vsp.virginia.gov](mailto:vamissing@vsp.virginia.gov) and [dutysqthq@vsp.virginia.gov](mailto:dutysqthq@vsp.virginia.gov).

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***CONTACT ORGANIZATION:***

**Sheriff's Office or Police Department:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Facsimile Number:** \_\_\_\_\_

**Pager Number:** \_\_\_\_\_ **Cellular Telephone Number:** \_\_\_\_\_

**Date and Time Submitted:** \_\_\_\_\_

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## AUTHORIZATION FOR RELEASE OF CHILDS INFORMATION

For a period of one year from the execution of this form, the undersigned authorizes full disclosure of all records concerning my child 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 my child'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 my child 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:

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Last Name, First Name, Middle Initial

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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 parent/legal custodian, I am aware that in order for the Virginia State Police to activate the Virginia "Missing Child with Autism Alert," the following criteria must be met:

1. The child has been diagnosed with autism spectrum disorder
2. The child is 17 years of age or younger
3. The parent/legal custodian **must reasonably believe** the child **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:

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Last Name, First Name, Middle Initial

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

**Signature:** \_\_\_\_\_