

KING COUNTY DISTRICT COURT

AUTHORIZATION TO RELEASE COURT RECORDS

1. Names of Parties:

_____ (**DEFENDANT/RESPONDENT**)
First name Middle name Last name (please print)

authorizes

_____ (**REQUESTOR**) to obtain copies of **DEFENDANT’S/RESPONDENT’S** court records and files in the State of Washington, whether in paper or electronic format, including any municipal court, district court, superior court and juvenile court records and files, and including a compilation of **DEFENDANT’S/RESPONDENT’S** records and files, such as the **DEFENDANT’S/RESPONDENT’S** criminal history record.

2. Date of Birth. **DEFENDANT’S/RESPONDENT’S** date of birth is:

_____.

3. Address. **DEFENDANT’S/RESPONDENT’S** address is:

_____.

4. Identifying Number. **DEFENDANT’S/RESPONDENT’S** driver’s license number or state identification number is:

_____.

5. Validity. This authorization shall be valid for one (1) year from the date of **DEFENDANT’S/RESPONDENT’S** signature herein. A photocopy of this authorization shall be as valid as the original.

6. Disclaimer. The court providing records pursuant to this authorization makes no representations as to the accuracy and completeness of the data except for court purposes.

7. Procedure. **REQUESTOR** shall provide a self-addressed stamped envelope with this authorization to release court records. The court will not accept fax requests.

Signature of DEFENDANT/RESPONDENT

Date Signed