



### 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.)

Any and all documents pertaining to me.

Any and all documents pertaining to the following cases:

(Check this box if authorization is only for specific case(s) and list them below.)

\_\_\_\_\_  
\_\_\_\_\_

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)