

January 2017

Dear Parents:

Below is a release form for you to sign authorizing the Jefferson Township Police Department to take a DNA sample (*saliva from the mouth using a Q-tip*) of your child for the purpose of identification in the event your child is ever lost, missing, or should become the victim of a crime.

The DNA LifePrint procedure will take place at your child's school on a date that we schedule with the school.

The DNA LifePrint (saliva sample) will be turned over to your child on the same day it is taken, to be brought home. **The Police Department will not keep records of your child's DNA.** The only person/people that have access to the DNA are you. It is your responsibility to keep your child's DNA sample in a safe place.

Please sign and return the release form below to either myself or to your child's school secretary. If you should have any questions, please do not hesitate to contact me at Police Headquarters. Thank you for your cooperation.

Very truly yours,

Detective Joseph Kratzel
Community Service Officer
(973) 697-1300

I give the Jefferson Township Police Department permission to take a sample of my child's DNA (saliva sample). I understand that the DNA LifePrint kit will be turned over to my child on the day that the DNA sample is taken. In addition, I understand that the Police Department **will not** keep any additional DNA samples.

Parent/Guardian signature: _____
(Please Print Below)

Child's Name: _____

_____ AM/PM School: _____

Date: _____ Teacher: _____