



Good Life. Great Opportunity.

Nebraska Victim Advocacy Program
Nebraska Crime Commission | Victim Assistance Division

Name: _____

DOB: _____

I authorize The Nebraska Victim Advocacy Program to release information:

To: _____

Regarding: _____

For the purpose of:

- Criminal justice advocacy
- Coordination of criminal justice proceedings
- Coordination of relocation services
- Coordination of home safety modifications
- Emergency services
- Lodging | transportation to participate in the criminal justice process.
- Other: _____

I understand that Nebraska Victim Advocacy Program has an obligation to keep my personal information, identifying information and records confidential.

I understand:

- That I do not have to sign a release form. I do not have to allow Nebraska Victim Advocacy Program to share my information. Signing a release form is completely voluntary. That this release is limited to what I write above.
- That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from Nebraska Victim Advocacy Program.
- That Nebraska Victim Advocacy Program and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing. (Expires one year from the date signed)

Signed: _____

Date: _____

Witness Signature: _____

Verbal permission given on _____ at _____