Sheriff Richard A. Reigenborn

sheriffreigenborn@adcogov.org

Inmate Records Release Form

Please provide the	following information	:			
Requestor:		Date of Request:			
Inmate Name:			Inmate DOB:		
Incarceration Dates	S:				
Please select the	records you are seel	king to obtain or hav	e produced to a	n authorized person:	
Custody Letter	Medical Records	SRP/GPS Records	Intake Records	Grievance Records	
Classification/Di	isciplinary Records				
Video-Recordin	gs from secured areas	have a 30-day retention	period from Incide	ent Date	
ACCORDINGLY. A F	TIVE DOLLAR DEPOSIT	TODY INMATES AND IN IS REQUIRED IN ADVAN and the above statement:	CE TO PROCESS AL		
If you are in custod	ly all communication v	will be done through the	kite system		
PLEASE RELEASI	E THE INMATE FILE	S SELECTED ABOVE	го:		
Name:	265 5 8	TAND			
Company/Agency:				5//	
Address:		City/State:		Zip:	
Phone:	Fax:	Email:			
How do you want	to obtain the docume	ents? (Choose One)			
Mail Call to	Mail Call to pick up Email (address must be provided above) Fax (must be provided above				
I AUTHORIZE THE	RELEASE OF THE ABO	VE INMATE RECORDS T	O THE ABOVE-NAM	ED PERSON/BUSINESS.	
THESE RECORDS W	TILL CONSIST OF INFO	RMATION RELATING TO	MY INCARCERATION	ON AT ADAMS COUNTY	
		NOT LIMITED TO: ME			
	EPORTS, GRIEVANCES, NMATE'S SIGNATURE N	, INMATE REQUESTED I	RECORDS, ETC. DU	E TO THE NATURE OF	
		TUSI BE NOTARIZED.			
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			day of:	20	
		olorado:		,20	
•	•	7101au0.			
My Commission E	xdires:				