



Inmate Records Release Form

Please provide the following information:

Requestor: _____ Date of Request: _____

Inmate Name: _____ Inmate DOB: _____

Incarceration Dates: _____

Please select the records you are seeking to obtain or have produced to an authorized person:

Custody Letter Medical Records SRP/GPS Records Intake Records Grievance Records

Classification/Disciplinary Records

Video-Recordings from secured areas have a 30-day retention period from Incident Date

FEES ARE NOT WAIVED FOR IN CUSTODY INMATES AND INMATE ACCOUNTS WILL BE CHARGED ACCORDINGLY. A FIVE DOLLAR DEPOSIT IS REQUIRED IN ADVANCE TO PROCESS ALL REQUESTS.

Initial that you acknowledge and understand the above statement: _____

If you are in custody all communication will be done through the kite system

PLEASE RELEASE THE INMATE FILES SELECTED ABOVE TO:

Name: _____

Company/Agency: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

How do you want to obtain the documents? (Choose One)

Mail Call to pick up Email (address must be provided above) Fax (must be provided above)

I AUTHORIZE THE RELEASE OF THE ABOVE INMATE RECORDS TO THE ABOVE-NAMED PERSON/BUSINESS. THESE RECORDS WILL CONSIST OF INFORMATION RELATING TO MY INCARCERATION AT ADAMS COUNTY JAIL, WHICH MAY INCLUDE, BUT IS NOT LIMITED TO: MEDICAL RECORDS, PROPERTY RECORDS, CLASSIFICATION REPORTS, GRIEVANCES, INMATE REQUESTED RECORDS, ETC. DUE TO THE NATURE OF THESE RECORDS, INMATE'S SIGNATURE MUST BE NOTARIZED.

Signature(Must be Notarized): _____

Date: _____

Subscribed and sworn to before me this _____ day of: _____, 20____

Notary Public/Adams County/State of Colorado: _____

My Commission Expires: _____

**Completed forms can be emailed to recordsrequest@adcogov.org
Payment is required upon completion. All records not picked up within 30 days will be destroyed.**