

JAIL RELEASE FORM

Facility Name: _____ Facility ID: _____

Inmate Information:

Full Name: _____

Date of Birth: _____ Inmate ID Number: _____

Booking Number: _____

Release Information:

Release Type: _____

Released By (Name/Badge #): _____

Release Location: _____

Release Time: _____ Release Date: _____

Conditions of Release:

The Inmate acknowledges and agrees to comply with all applicable federal, state, and local laws, and any conditions imposed by the releasing authority. Failure to comply may result in revocation of release and re-arrest. The releasing authority affirms that the Inmate has been informed of their rights and obligations upon release and that all proper procedures and identifications have been completed.

Acknowledgements and Signatures:

By signing below, the releasing officer certifies that the inmate named above has been released from custody in accordance with applicable policies and laws. The inmate acknowledges receipt of all personal property and understands the conditions of their release.

RELEASING OFFICER SIGNATURE

Name: _____

Badge #: _____

Signature: _____

Date: _____

INMATE SIGNATURE

Name: _____

Date: _____

Signature: _____

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