



National Headquarters
991 W. Hedding St., Ste.101
San Jose, CA 95126
Telephone (408) 296-1113
Fax (408) 296-1117
www.vca.org

- Dedicated Service Since 1981 -

CASE CONSENT AND RELEASE AGREEMENT
(Law Enforcement)

I/We, _____ whose relationship to the missing child(ren) is the Law Enforcement Agency in charge of the missing person's case, authorize the Vanished Children's Alliance (VCA) and its authorized agents, to assist in the search for the missing child(ren) who is (are) under the age of majority. The name(s) of the missing child(ren) is (are):

Consent is hereby granted to VCA to begin such search and to continue to its natural conclusion. Consent is also granted to VCA to use photographs of the child(ren), along with general details concerning the disappearance and search for the child(ren). VCA may use such photos and information on local and national television, newspapers, flyers, posters, magazines, or any other distribution source.

I/We understand and agree that VCA is under no obligation to continue assisting in this search and may discontinue its efforts at any time if I/We have not given complete or accurate information.

By signing this Agreement, I/We agree to notify the VCA Casework Department in writing within 10 working days when the child(ren) listed above are located, recovered, and/or there needs to be a restriction of the dissemination of the case information. I/WE agree to notify VCA within two working days of any NCIC status change regarding the child(ren) and/or abductor, if applicable. I/We understand that VCA has no way to track the location of missing child posters and will not hold Vanished Children's Alliance or its agents liable for the dissemination of the photographs, or responsible for showing the photographs after I/We notify Vanished Children's Alliance of the location/recovery in writing.

I/We understand that the registration of the child(ren) in no way guarantees the location of the child(ren). I/We understand that the child(ren)'s case file(s) at VCA which includes information provided to VCA by this agency, and other sources is confidential in nature and is the property of VCA.

Print Name: _____ Title/Rank: _____

Signature: _____ Date: ____/____/____

Agency/Department Name: _____



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MISSING CHILD EXPRESS REGISTRATION FORM

Relationship to Child: [] Law Enforcement [] Other : _____
Your Name _____ Referral Source: _____
Agency/Department Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Office Phone: () _____ Direct Line: () _____ Fax: () _____
Email Address: _____

MISSING CHILD'S INFORMATION

Child's Full Name: _____ Nickname: _____
Sex: [] Male [] Female Date of Birth: ___/___/___ SSN: ___-___-___
Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____ Race: _____

Distinguishing Characteristics:

[] Braces [] Contact Lenses [] Glasses [] Piercings [] Tattoos [] Scars [] Marks
Additional Description: _____

Missing Category (Check One)

[] Family (Parental) Abduction [] Non-Family Abduction [] Runaway [] Other: _____

Date Missing: ___/___/___ Date Reported: ___/___/___ Case Number: _____

NCIC # _____

Missing From - City: _____ State: _____ County: _____

Suggestions as to where we should disseminate posters/ Possible destinations:

City: _____ State: _____ County: _____ Zip Code: _____

City: _____ State: _____ County: _____ Zip Code: _____

City: _____ State: _____ County: _____ Zip Code: _____

Child was last seen wearing: _____

Describe how child disappeared and circumstances prior to disappearance: _____

Medical, mental conditions, disabilities or special medications: _____

Has the child ever been missing before? Yes No Explain: _____

Other children missing? Yes No Name(s): _____

ABDUCTOR/COMPANION INFORMATION

Full Name: _____ AKA(s): _____

Relationship to child: _____ Relationship to reporting party: _____

Sex: Male Female Date of Birth: ___/___/___ SSN: ___-___-___

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Distinguishing Characteristics:

Braces Contact Lenses Glasses Piercings Tattoos Scars Marks

Additional Description: _____

Medical, mental conditions, disabilities or special medications: _____

Country of Citizenship: _____

Passport held?: Yes No Unknown Passport #: _____ Expires: ___/___/___

Drivers License/ID Card: # _____ Expires: ___/___/___ State: _____

Vehicle - Make: _____ Model: _____ Year: _____ Color: _____

License plate: # _____ State: _____

Are there warrants for his/her arrest? Yes No Unknown NCIC#: (W) _____

Type: Felony Misdemeanor

Charges: _____

Has a UFAP warrant been issued? Yes No NCIC#: (W) _____

Abductor/ Companion was last seen - Date: ___/___/___ Location: _____

Last Known Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Email Address: _____

Profession/ Type of Work: _____

Other pertinent information: _____



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ADDITIONAL MISSING CHILD FORM

Child's Full Name: _____ Nickname: _____
Sex: [] Male [] Female Date of Birth: ___/___/___ SSN: ___-___-___
Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____ Race: _____

Distinguishing Characteristics:

[] Braces [] Contact Lenses [] Glasses [] Piercings [] Tattoos [] Scars [] Marks

Additional Description: _____

Missing Category (Check One)

[] Family (Parental) Abduction [] Non-Family Abduction [] Runaway [] Other: _____

Date Missing: ___/___/___ Date Reported: ___/___/___ Case Number: _____

NCIC # _____

Missing From - City: _____ State: _____ County: _____

Possible destinations:

City: _____ State: _____ County: _____

City: _____ State: _____ County: _____

Child was last seen wearing: _____

Describe how child disappeared and circumstances prior to disappearance: _____

Medical, mental conditions, disabilities or special medications: _____

Has the child ever been missing before? [] Yes [] No Explain: _____