



Authorization to Obtain, Use, and Store Confidential Identification Information

Pursuant to Alaska Statute 44.41.035, the Alaska Department of Public Safety, Scientific Crime Detection Laboratory (AK SCDL) may collect volunteer DNA samples for entry in to the State of Alaska's Combined DNA Index System. In providing your signature below, you do so with the understanding that you are consenting to:

1. Provide a DNA sample via buccal swab to the AK SCDL;
2. Authorize AK SCDL staff to analyze the sample provided, to enter the resulting profile into the State of Alaska's Combined DNA Index System (SDIS), to regularly search your profile against other samples entered into the SDIS;
3. Retainment and use of the sample in validation efforts and training/competency testing of laboratory personnel.

Participation in this process is not mandatory and you will not be penalized for refusal to participate. The confidentiality of your DNA sample and profile, and penalty for misuse of any sample or information contained in a DNA database, are protected by the Alaska Statutes. Any effort by a lawyer or party to obtain disclosure of your profile will be opposed.

Please indicate what volunteer category you fall in:

General volunteer *

Family member of a missing person *

The purpose of entering familial profiles into CODIS is to assist law enforcement in identifying unidentified human remains. These profiles will also be uploaded to the national level database.

Agency employees (SCDL staff, law enforcement, etc.)

The purpose of the agency employee index is to identify instances in which the sample provider may have inadvertently contributed to a DNA profile generated from a forensic sample. It is foreseeable that a court could order disclosure of your profile to a defense expert, with destruction of the profile information to occur upon case completion.

By signing this document, you are giving your full and informed consent. You may change your mind at any time and may revoke this authorization. To revoke this authorization, you must provide a written request to the attention of the AK State CODIS Administrator and your profile will be removed from the system. This authorization does not have an expiration date.

_____ Signature of Volunteer	_____ Printed Name of Volunteer	_____ Date	<input type="checkbox"/> *Government issued ID verified (Req'd)
_____ Signature of LEA Witness	_____ Printed Name of LEA Witness	_____ Date	

_____ Signature of State CODIS Admin	_____ Printed Name of State CODIS Admin	_____ Date
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