CONSENT TO SEARCH PERSON (SEXUAL ASSAULT EVIDENCE COLLECTION KIT)

| I, | , give permission to |
|--------------------------------|---|
| and/or any designated assistan | nt(s) to conduct a complete and total search of |
| my person (body). I further a | uthorize the removal all evidence needed to |
| complete a sexual assault evi | dence collection kit and any other evidence |
| found upon my person (body). | • |
| I understand that I am n | not required to consent to any search. I have |
| not been promised anything in | return for my consent, nor have I been |
| coerced or threatened in any w | vay. I give my consent voluntarily of my own |
| free will, knowing and unders | tanding my legal rights. |
| (Check One) | |
| I have read this entire f | form and understand it. |
| This form was read to r | me by: and I understand it. |
| Given this day of | , 20 at: a.m./p.m. |
| | |
| | Signature Print Name: |
| | |
| Witness | |
| Witness | |