

Instructions:

Under Montana law, MCA 44-2-401, any person who reports a missing person to a Montana Police Department, Sheriff's office, or other law enforcement authority must be given a copy of this Authorization to Release Dental Records form.

If a person is still missing 30 days after a missing person report was filed, this Authorization to Release Dental Records form may be signed by a relative of the missing person and taken to the missing person's dentist. The dentist shall release the dental records, or copies of the records, to the relative. The relative must then submit the dental records to the investigating law enforcement agency within 10 days.

If no relative exists, the investigating law enforcement agency may execute a signed written declaration stating that an investigation into the location of the missing person is being conducted and that the dental records may be necessary to the investigation. A dentist shall release the missing person's dental records upon presentation of the declaration.

Missing Person Information:

Name	Date of Birth	Date of Last Contact
Investigating Agency		Case Number
Investigating Officer		Telephone Number
Authorization to Release Dental Record I am the parent/legal guardian/next of the release of dental records to assist c	kin of the above-named missing	- · · · · · · · · · · · · · · · · · · ·
Signature of Parent/Legal Guardian/Ne	xt of Kin	Date
Printed Name		Relationship to Missing Person
Address		Telephone Number