

OSBI Cold Case Playing Cards Consent Form

I, _____, the _____
Please Print First and Last Name Relationship to the Victim (mother, brother, etc.)
of _____, consent to authorize the Oklahoma
Please Print First and Last Name of Victim

State Bureau of Investigation, Oklahoma Department of Corrections (DOC), and any other Oklahoma law enforcement agency to place pictures of the victim, and/or information about the crime, which I have provided or authorize use of, on playing cards, posters, electronic files, and any other public or media venue for the purpose of soliciting information leading to the arrest and conviction of the person(s) responsible. I understand that the playing cards will be distributed to incarcerated offenders in the care or custody of the Oklahoma Department of Corrections (DOC).

Signature

Date

Signature (Witness/Association to the victim or LEO)

Date