This booklet was designed for use by adults, especially college students. Time is of the essence when a person disappears. When the information contained in this booklet is provided to police by a family member or trusted friend, prompt and accurate completion of a missing person report is ensured. In turn, police are able to commence well informed investigative action, including entry of information into a computer network which extends across the United States and Canada.

**Place a recent photo here (head and shoulders only.)**

**How to Use this Booklet**

- Answer all the questions as completely and accurately as possible.
- Remember to periodically review and update information. Photos should be updated annually; head-and-shoulder photos are best.
- Inclusion of fingerprints and/or a DNA sample is optional.
- Once completed, the booklet should be given to a family member or trusted friend for safekeeping. If not, it should be kept in a secure place where it can be easily retrieved by a family member or trusted friend.

________________________
Completed By/Date
“Facts”

Name: Last __________________________ First __________________________ MI ______

Nickname, Maiden or Other Name: ____________________________________________

Date of Birth: ______ / ______ / ______ Gender: ☐ - (M) Male ☐ - (F) Female

Citizenship: ______________________________ Social Security #: __________________

Place of Birth: (Municipality/State/Country) ______________________________

Primary/Permanent Residence

Street Address: _____________________________________________________________

City: __________________________ State/Zip Code: _____________________________

Other Residence (i.e., temporary college address, Post Office Box)

Street Address: _____________________________________________________________

City: __________________________ State/Zip Code: _____________________________

Telephone Numbers

Home: __________________________ Business: ________________________________

Cell: __________________________ Pager: _________________________________

E-mail Address(es) Used (Personal and Professional): __________________________

Internet Service Provider(s) Used: ___________________________________________

Race ☐ - (B) Black ☐ - (W) White ☐ - (I) American Indian/Alaskan Native

☐ - (A) Asian/Pacific Islander ☐ - (U) Unknown

Eye Color (EYE) ☐ - (BLK) Black ☐ - (BLN) Blond/Strawberry

☐ - (BLU) Blue ☐ - (LGT) Light

☐ - (BRO) Brown ☐ - (YEL) Yellow

☐ - (GRY) Gray ☐ - (ABPOS) AB Positive

☐ - (RED) Red/Auburn ☐ - (ABNEG) AB Negative

☐ - (GRN) Green ☐ - (BPOS) B Positive

☐ - (HAZ) Hazel ☐ - (BNEG) B Negative

☐ - (PNK) Pink ☐ - (OPOS) O Positive

☐ - (XXX) Unknown ☐ - (OUNG) O/RH Unknown

Hair Color (HAI) ☐ - (BLK) Black ☐ - (ANEG) A Negative

☐ - (BLN) Blond/Strawberry ☐ - (AUNK) A/RH Unknown

☐ - (GRY) Gray ☐ - (ABPOS) AB Positive

☐ - (RED) Red/Auburn ☐ - (ABNEG) AB Negative

☐ - (GRN) Green ☐ - (BPOS) B Positive

☐ - (HAZ) Hazel ☐ - (BNEG) B Negative

☐ - (PNK) Pink ☐ - (OPOS) O Positive

☐ - (XXX) Unknown ☐ - (OUNG) O/RH Unknown

Skin Complexion (SKN) ☐ - (DRK) Dark ☐ - (BPOS) B Positive

☐ - (MED) Medium ☐ - (BNEG) B Negative

☐ - (LGT) Light ☐ - (OPOS) O Positive

☐ - (RUD) Ruddy ☐ - (OUNG) O/RH Unknown

Blood Type (BLT) ☐ - (APOS) A Positive ☐ - (ANEG) A Negative

☐ - (ABPOS) AB Positive ☐ - (ABNEG) AB Negative

☐ - (BPOS) B Positive ☐ - (BNEG) B Negative

☐ - (OPOS) O Positive ☐ - (ONEG) O Negative

☐ - (UNKWN) Unknown ☐ - (OUNG) O/RH Unknown

Glasses (SMT/GLASSES) ☐ - (Y) Yes ☐ - (N) No

Contact Lenses (SMT/CON LENSES) ☐ - (Y) Yes ☐ - (N) No

Scars, Marks, Tattoos or Medical Conditions (SMT) - Describe and include location of all scars, marks, tattoos and piercings. Also, list by name all medical conditions and required medications:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Describe Commonly Worn Jewelry (JWT) and Location on Body Where Worn (JWL):

________________________________________________________________________

________________________________________________________________________

Height (HGT) __________ Ft/in Weight (WGT) __________ Lbs
Provide Name, Address and Telephone Number (including area code) for:

<table>
<thead>
<tr>
<th>Spouse/Significant Other (if applicable):</th>
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<tbody>
<tr>
<td>Mother:</td>
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<tr>
<td>Father:</td>
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<td>Sibling(s):</td>
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<td>Close Friend(s):</td>
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<td>Physician:</td>
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<td>Dentist:</td>
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<td>Current Employer:</td>
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<td>Previous Employer:</td>
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College Name and Address: ____________________________________________

Driver License: Number (OLN): __________________________

Issuing State (OLS): __________________________ License Year (OLY): ______________

Automobile Registration: Number (LIC): __________________________

Issuing State (LIS): __________________________ License Year (LIS): ______________

Make (VMA): __________________________ Year (VYR): __________________________

Name(s)/Location(s) of Financial Institutions Used (i.e., savings accounts, credit/debit cards, checking)-Do not list account numbers, PIN numbers or passwords:

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Professional License(s)/Certifications (include issuing agency name):

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Professional/Fraternal Organization Affiliations:

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Interests Generally:

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Other Information (i.e., other friends/contact information):

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High School Name and Address:

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Use this page for additional photographs. Note the date of each photograph.

<table>
<thead>
<tr>
<th>1. Right Thumb</th>
<th>2. Right Index</th>
<th>3. Right Middle</th>
<th>4. Right Ring</th>
<th>5. Right Little</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Left Thumb</td>
<td>2. Left Index</td>
<td>3. Left Middle</td>
<td>4. Left Ring</td>
<td>5. Left Little</td>
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</tbody>
</table>

Left Four Fingers Taken Simultaneously | Left Thumb | Right Thumb | Right Four Fingers Taken Simultaneously
Note: It is desirable to keep a DNA sample and a “scent article”.

✓ A sample of your hair (preferably with root attached) or a sterile cotton swab containing saliva taken from the cheek area of your mouth are useful if DNA comparison becomes necessary. Each sample should be dried and placed in a taped paper envelope (do not lick to seal).

✓ The scent article can be any piece of clothing that you have worn (preferably for a day.) It must not be washed and never handled by anyone other than you. Place each scent article in a separate “zip lock” type plastic bag. The success of a search by trained dogs is directly effected by the quality of the scent article.

Each bag and envelope should be clearly marked with your name and date of collection, and kept with this booklet.

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**Missing College and University Student Cases**

Campus safety has become a significant concern of parents and students in recent years, due to tragic occurrences involving missing students and violent crimes in and around college residences. In response to these concerns, several Federal and state laws have been enacted.

In 1990, the Federal Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act was enacted. Among other things, this law requires that colleges and universities publish campus crime data and institute procedures for timely reporting of crime to law enforcement.

In 1999, New York State enacted the Campus Safety Act (“Suzanne’s Law”). This law requires all colleges and universities in the state to develop formal plans for the prompt investigation of missing students and violent offenses committed on campus. It also directs the NYS DCJS Missing and Exploited Children Clearinghouse to provide assistance to law enforcement and left behind family members whenever a college student is reported missing (regardless of age).

In 2003, the Federal version of “Suzanne’s Law” was enacted. As a result, regardless of circumstances, police agencies nationwide are required to enter information about every missing person under the age of 21 into the National Crime Information Center (NCIC) database. This database is accessed by police agencies nationwide.

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**AUTHORIZATION TO PUBLICIZE**

Name: Last __________________________ First ___________________________ MI ______

Nickname, Maiden or Other Name: ____________________________________________

Date of Birth: ______ / ______ / ________  ☐ - (M) Male  ☐ - (F) Female

Gender :

In the event that I am reported missing, I hereby authorize investigating law enforcement agencies and the NYS Division of Criminal Justice Services (DCJS) to use biographical information, photographs and/or fingerprints contained in the “Just the Facts - Just in Case” booklet. This authorization includes publishing and/or circulating information by any method subscribed to by DCJS. I understand this information may be made available to the public, media, other law enforcement agencies, hospitals, social service agencies, shelters, medical examiners and/or other organizations involved with searching for missing persons. I also understand and agree that all information supplied by me shall be truthful and I agree to hold harmless any agency or other organization using, transmitting, or distributing this information for errors or omissions or commissions occasioned by information I have supplied. I further agree that a photostatic copy of this authorization shall have the same effect as the original.

Signature __________________________

Date: __________________________