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.

**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.

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

**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  □ - (BRO) Brown  □ - (BRO) Brown
□ - (GRY) Gray  □ - (GRY) Gray  □ - (RED) Red/Auburn
□ - (GRN) Green  □ - (HAZ) Hazel  □ - (SDY) Sandy
□ - (MAR) Maroon  □ - (ONG) Orange  □ - (WHI) White
□ - (MUL) Multicolor  □ - (PNK) Pink  □ - (PNK) Pink
□ - (XXX) Unknown  □ - (PNK) Pink  □ - (PNK) Pink
□ - (XXX) Neutral  □ - (YEL) Yellow  □ - (GRN) Green
□ - (YEL) Yellow  □ - (GRN) Green  □ - (MAR) Maroon
□ - (RUD) Ruddy  □ - (BLU) Blue  □ - (BLU) Blue

Blood Type (BLT)  □ - (APOS) A Positive  □ - (ANEG) A Negative  □ - (AUNK) A/RH Unknown
□ - (APPOS) A Positive  □ - (ABNEG) AB Negative  □ - (ABUNK) AB/RH Unknown
□ - (BPOS) B Positive  □ - (BNEG) B Negative  □ - (BUNK) B/RH Unknown
□ - (OPOS) O Positive  □ - (ONEG) O Negative  □ - (OUNK) O/RH Unknown
□ - (UNKWN) 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:

Spouse/Significant Other (if applicable): ____________________________________________

Mother: _______________________________________________________________________

Father: _______________________________________________________________________

Sibling(s): ___________________________________________________________________

Close Friend(s): __________________________________________________________________

Physician: _____________________________________________________________________

Dentist: _______________________________________________________________________

Current Employer: ___________________________________________________________________

Previous Employer: ___________________________________________________________________

High School Name and Address: _____________________________________________________

College Name and Address: _______________________________________________________

Driver License: Number (OLN): _________________________________________________

Issuing State (OLS): _______________________ License Year (OLY): ______________________

Automobile Registration: Number (LIC): __________________________________________

Issuing State (LIS): _______________________ License Year (LIY): ______________________

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:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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

Professional/Fraternal Organization Affiliations: ___________________________________________

Interests Generally: _______________________________________________________________

Other Information (i.e., other friends/contact information): _____________________________________
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>
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</tr>
<tr>
<td>1. Left Thumb</td>
<td>2. Left Index</td>
<td>3. Left Middle</td>
<td>4. Left Ring</td>
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<tr>
<td>Left Four Fingers Taken Simultaneously</td>
<td>Left Thumb</td>
<td>Right Thumb</td>
<td>Right Four Fingers Taken Simultaneously</td>
<td></td>
</tr>
</tbody>
</table>
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.

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.

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.
Compliments of...

www.criminaljustice.state.ny.us

In partnership with
The Center for HOPE
www.hope4themissing.org

NYS Division of Criminal Justice Services
Missing and Exploited Children Clearinghouse
4 Tower Place
Albany, NY 12203

1-800-FIND-KID
(518) 457-6326

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