



JEFF LEIKAUF

SHERIFF – CORONER – PUBLIC ADMINISTRATOR
COUNTY OF EL DORADO
STATE OF CALIFORNIA

AUTISM REGISTRATION FORM

Name: _____

Address: _____

Birth Date: _____

Race: _____

Height: _____

Weight: _____

Hair Color: _____

Eye Color: _____

Parent/Guardian: _____

Phone Number: (Home): _____

(Work): _____

(Cell): _____

Email: _____

Vehicle Information:

Any Special Conditions:

Person Authorizing Signature: _____

DISCLAIMER

The authorized signature form will be maintained by the El Dorado County Sheriff's Department. All information provided is voluntary. The information provided will be utilized by Sheriff's Office personnel for official business only. Updated information will ensure that service is provided at the highest level. Completed and signed forms will be mailed to:

200 Industrial Drive
Placerville, CA 95667
Attn: Dispatch