ROWAN COUNTY SHERIFF'S OFFICE

232 NORTH MAIN STREET, SALISBURY, NORTH CAROLINA 28144

TELEPHONE: 704-216-8700 FAX: 704-216-8701

CONSENT TO COLLECT DNA SAMPLE (MOUTH SWAB)

NAME: _____ DOB: _____

ADDRESS: _____

_____

_____

LOCATION OF PROCEDURE:

☐ **Rowan County Sheriff's Office**
232 North Main Street
Salisbury, North Carolina 28144

☐ **Rowan County Detention Center**
115 West Liberty Street
Salisbury, North Carolina 28144

I, the undersigned, agree to a search of my person, in the form of a mouth swab to collect saliva samples.

I have been advised of my constitutional right not to have such a search made of my person without a valid search warrant. I willingly, give my permission to have my mouth swabbed and saliva collected for the purpose of DNA comparison.

I enter into this agreement voluntarily, without threats, promises or coercion of any kind.

SIGNED: _____

DATE:: _____ TIME: _____

WITNESS: _____

_____