**Young Adult Consent Sample**

State of North Dakota COUNTY of

1. I do hereby agree to assist the in conducting Alcohol compliance Check Investigations involving the unlawful sale of alcoholic beverages in this state. I understand that I will be entering locations, in which alcoholic beverages are sold and that I will attempt to purchase alcoholic beverages, but only under the direction and supervision of officers/deputies of .
2. I understand that the information obtained through the Alcohol Compliance Check Program is confidential and I am not allowed to discuss my participation and/or the specific results of the program with anyone outside of the agency, including my friends or parents. I further understand that I am prohibited from using my affiliation with the program to receive any preferential treatment from any law enforcement agency for conduct beyond the scope of the Alcohol Compliance Check Program.

Signature:

Printed Name:

Date:

Officer/Deputy Signature:

Date: