

APPENDIX S

**Authorization for Release of
Information and evidence
to Law Enforcement Agency**

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Patients Name:
Date of Birth:
Hospital Number:
I hereby authorize:
(Name of Hospital)
to release the following information covering treatment

Attach Ferrington Tab Identification Here or Enter Patient's Name

given to me on month day year to (Name of law enforcement agency)

AUTHORIZED FOR RELEASE NOT AUTHORIZED FOR RELEASE (Check those which apply)

- 1. One sealed evidence kit, including specimens Collected
2. X-rays or copies of X-rays taken in connection with examination
3. Photographs
4. Clothing
Other

Name of person authorizing release of Information (please type or print): Last First Middle Date

Person authorizing release of Information is (check one): Patient Patient's Parent Patient's Guardian Other (specify)

Signature of person authorizing release of information:

RECEIPT OF INFORMATION

I certify that I have received the following items (check those which apply): One sealed evidence kit X-rays or copies of X-rays Photographs Sealed clothing bag(s) (if more than one sealed clothing bag, please note):

Print name of person receiving information and articles

Signature of person receiving Information and/or articles: Date Time

ID#/Shield#/Star#/Title: Precinct/Command/District:

Person receiving articles is a representative of

Name of person releasing articles: Printed Name Signature

Distribute: One copy to patient One copy to medical records One copy to law enforcement agency