City of Del City

POLICE DEPARTMENT

4517 SE 29th Street
DEL CITY, OKLAHOMA 73115
Phone (405) 671-8841
FAX (405) 670-3039

Authority for Release of Information

TO: _____

_____

I respectfully request and authorize you to furnish _____, who has made proper identification as an authorized Law Enforcement Officer(s) of the Del City Police Department, any and all information you may have concerning me or _____.

Please include any and all medical, physical, and mental records or reports, including all information of a confidential or privileged nature and copies of same, if requested. This information is to be used to assist the Del City Police Department during an investigation.

I do hereby release you, your organization or other from any liability or damage which may result from furnishing the information requested above.

_____

Signature

_____

Relationship – If Other Than Above

_____

Date

_____

Witness

State of Oklahoma, County of Oklahoma, ss:

Before me the undersigned, a Notary Public, in and for said County and State, on this the _____ day of _____, 20_____, personally appeared _____ to me known and be the identical person whose name is subscribed to the foregoing instrument and acknowledge to me that he/she executed the same for the purpose and consideration therein expressed. Given under my hand and seal, this _____ day of _____, 20 _____.

_____

Notary Public

My Commission Expires on the _____ day of _____, 20_____.