

*Seminole County Government*  
**Department of Public Safety**

*Authorization to Release*

Incident Date: \_\_\_\_\_

Incident #: \_\_\_\_\_

Incident Location: \_\_\_\_\_

In accordance with Seminole County Government, Department of Public Safety guidelines,

I acknowledge that I am requesting a copy of the following for ☐ myself

☐ E-911 Tape

☐ EKG Strip

☐ EMS Incident Report

☐ Fire Incident Report

OR that I am instructing that a copy of the above be sent to: ☐ Individual Named Below

I authorize the sending of the above-referenced information to:

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Printed Name and Mailing Address

**SIGNED:**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Full Name of Authorized Signature

\_\_\_\_\_  
Picture ID (current DL # / other picture ID) { Attach copy of ID }

\_\_\_\_\_  
Date of Signature

*Affidavit*

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Before me personally appeared the said \_\_\_\_\_ who says that

He/she is the : ☐ Patient

☐ Parent / Guardian

☐ Personal Representative

Acting on behalf of the patient.

**PATIENT:**

\_\_\_\_\_  
Printed full name of patient

And has executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**NOTARY:** \_\_\_\_\_

Notary Public Signature