

**CITY OF DEXTER
POLICE DEPARTMENT**

RELEASE

I hereby authorize any person or other authorized representative of the Dexter Police Department bearing this release, or copy thereof, within one year of its' date, to obtain any information in your files pertaining to my medical records, including records concerning drug, alcohol and psychiatric treatment, employment, military, credit or educational records, including, but not limited to, academic achievement, attendance, athletic, personal history, and disciplinary records, and credit records. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information is for the official use of the Dexter Police Department. Consent is granted the Dexter Police Department to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name: _____
(Signature)

Full Name: _____
(Print)

Parent or Guardian: _____
(If required)

Date: _____

Current Address: _____

Telephone Number: _____

Witness: _____