INFORMATION RELEASE (IA-35)

CONFIDENTIAL

Name: _____ Date: _____

Date of Birth: _____ Social Security #: _____

Agency releasing information: _____

Location (City / State): _____

Approximate date(s) of service: _____

_____

To Whom It May Concern:

I, _____ , hereby authorize any individual, company, person, institution, physician, medical doctor, psychiatrist, psychologist, or any lending institutions, with whom I have been associated with, to furnish the Atlantic City Police Department, Internal Affairs Section, with any information concerning my ability, character, credit standing and any medical records concerning my physical and/or mental condition, and do hereby release said any individual company, person, institution, physician, medical doctor, psychiatrist, psychologist, or any lending institution or any person connected with the above from all liability for damages incurred in furnishing such information.

Complainant: _____ _____

(signature) (date)

Investigator: _____ _____

(signature) (date)