

BYRON FIRE PROTECTION DISTRICT
AUTHORIZATION TO RELEASE INDIVIDUAL RECORDS

I, _____, hereby authorize the Byron
Fire Protection District to release to:

Name

Address

City, State, Zip

Phone

Those records indicated below that were prepared by the Byron Fire Protection District or its agents, employees or representatives in the course of providing emergency medical services or other emergency services to me on the date indicated below and that are kept in the normal course of business.

Type of incident:

Date of service:

Incident number (if known):

Title or description of record(s):

I hereby release the Byron Fire Protection District (the "District") its agents, employees and representatives from any liability for providing or releasing the above-described records ("records") and any information requested in interpreting information contained in the records.

I affirmatively represent that I am the subject of the records.

Signed this _____ day of _____, 20____.

Signature

Subscribed and Sworn to before me
this _____ day of _____, 20____.

Notary Public