

**AUTHORIZATION FOR THE RELEASE OF POLICE REPORTS AND RECORDS**

DATE: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security # \_\_\_\_\_

If authorized by company:

Name and title of authorized representative: \_\_\_\_\_

Vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ License # \_\_\_\_\_

Date of collision or incident: \_\_\_\_\_ Location \_\_\_\_\_

I hereby certify and swear, I am  The Complainant or victim, or  The registered owner of an involved vehicle (traffic collision, theft or damage), or  the driver or passenger of an involved vehicle, or

Insurance Company representative of the driver or passenger of an involved vehicle, or

Other \_\_\_\_\_

You are hereby authorized to deliver, disclose, and release any and all information and reports concerning any traffic collision, auto theft or damage, hit and run or other police report (including arrest), crime or incident report to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This authorization shall remain valid until such time as my claim is settled and closed.

A photocopy of this AUTHORIZATION shall be deemed as an original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date signed