



Your Ref:  
Our Ref:  
Enquiries: Medical Section  
Telephone: 7322 3152  
Facsimile: 7322 3162

## AUTHORITY FOR RELEASE OF MEDICAL RECORDS

I, .....  
(Full Name)

of .....  
(Address)

Authorise any Medical Practitioner or any other person who has treated me or whom I have consulted for any illness, injury or condition, whether physical or mental, to release to South Australia Police any information concerning my health in his or her knowledge or possession, including copies of any specialist or other reports.

Signed: .....  
(Signature of Applicant)

Dated: .....  
(Today's Date)