



Written Consent re Disclosure of Medical Records

I hereby authorise the Hampshire Constabulary to disclose:-

- 1) Medical notes
- 2) Any other relevant information

that has been obtained during the course of the Police investigation to recognised official regulatory bodies. I understand that this information will only be disclosed if it may be of use to any subsequent investigation.

I further authorise the Police to disclose this information to any person acting on behalf of any official regulatory body.

As next of kin I authorise the Police to make disclosure in respect of:-

Mr/Mrs/Ms

Code A

(Please print full name of family member)

Code A

Signed

Code A

Print name

16 . 9 . 04

Dated