



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

29/09/04

Dated

HAMPSHIRE
 01 OCT 2004
 DIVISION
 ADMIN. OFFICE, FAREHAM

OPERATION ROCHESTER
 FAREHAM POLICE STATION
 QUAY STREET
 FAREHAM
 HAMPSHIRE
 PO 16 0NA

