

REQUEST AUTHORIZATION FORM RELEASE OF CASE INFORMATION

TODAY'S DATE	CASE NUMBER
DEOUESTOD'S NAME	
REQUESTOR'S ADDRESS	
CONTACT PHONE #	
YOUR INVOLVEMENT	
	s. suspect. attornev for. insurance for)
REQUESTOR'S SIGNATURE	
DELOW SECTION TO DE COMP	TETED BY OD ANGE COUNTY CHEDIEF DEDCONNEY
BELOW SECTION TO BE COMP	LETED BY ORANGE COUNTY SHERIFF PERSONNEL
RECORDS SIGNATURE	
FEE \$ CHE	CK# RECEIPT#
REQUEST:	☐ Approved / Redacted See page 2 ☐ Denied
□ Other —	
Document(s) released:	
☐ Initial Crime Report	☐ Fees returned
☐ Initial Crime Report Supplemental	☐ Released pursuant to Family Code section 6228
Deputy Follow Up	☐ Released pursuant to Welfare and Institutions Code section 827
☐ Initial Follow Up ☐ Traffic Accident	☐ Released pursuant to Vehicle Code section 20012
☐ CHP 180	☐ Released Pursuant Court Authorization and Penal Code
☐ TC Property Damage	Section 1203.097(a)(7)(B)
Property Report	
Casualty Report	
☐ Supplemental DV Report ☐ CAD Report	
☐ Other:	
Authorized Signature	
Mailed Dick Un Date	$\mathbf{p}_{\mathbf{v}}$