

**700 Cottage Street, Shorewood, IL 60404  
815.725.0772**

**Phone: 815.725.2149**

**Fax:**

**TROY FIRE PROTECTION DISTRICT  
AUTHORIZATION TO RELEASE INDIVIDUAL RECORDS**

I, \_\_\_\_\_, hereby authorize the Troy Fire Protection District to release to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

those records indicated below that were prepared by the Troy Fire Protection District or its agents, employees or representatives in the course of providing emergency medical services or other emergency services to me on the date indicated below and that are kept in the normal course of business.

Type of incident: \_\_\_\_\_

Date of service: \_\_\_\_\_

Title or description of record(s): \_\_\_\_\_

\_\_\_\_\_

I hereby release the Troy Fire Protection District (the "District") its agents, employees and representatives from any liability for providing or releasing the above-described records ("records") and any information requested in interpreting information contained in the records.

I affirmatively represent that I am the subject of the records.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

Subscribed and Sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

