Pasco Sheriff's Office

CONSENT TO RELEASE VICTIM INFORMATION

Pursuant to Article 1, Section 16, Subsection 5 of the Florida Constitution, information or records that could be used to locate or harass a crime victim or the victim's family, or which could disclose confidential or privileged information about the victim, is confidential and exempt from public records disclosure.

☐ I attest that I am the party listed as the victim in PSO Report # _____, and I authorize PSO to release an unredacted copy of this report, including all of my personal, confidential, or privileged information contained in the report.

OR

☐ I attest I am entitled to receive an unredacted copy of PSO Report # _____ for the following reason:

- ☐ I am the parent or legal guardian of the minor victim in the above-listed report.
- ☐ I am an attorney representing the victim in the above-listed report.
- ☐ I am the legal representative of the victim in the above-listed report.
- ☐ I am the licensed insurance agent of the victim in the above-listed report, and I am requesting a copy of the report for official purposes related to a claim filed by the victim/insured.
- ☐ I am a Victim Services Program authorized by law to receive an unredacted copy of the report for official purposes and in furtherance of official duties.
- ☐ I am a local, state, or federal agency authorized by law to receive an unredacted copy of the report for official purposes and in furtherance of official duties.
- ☐ I am the legal next-of-kin of the victim in the above-listed report.

Printed Name	Signature	Date	Phone #

If Business/Agency Representative:

Name of Business/Agency: _____ Phone #: _____

Address: _____
STREET CITY STATE ZIP

Please Return To: Fax #: _____ Email Address: _____

STATE OF FLORIDA
COUNTY OF PASCO

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, _____ , by (name of person making statement) _____.

Personally known OR produced identification. Type of identification produced: _____.

Signature of Notary Public - State of Florida	Printed Name of Notary Public	Serial Number