

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 a copy of this report without my information being reacted, including any and all of my personal, confidential, or privileged information contained in the report.

OR

I attest I am entitled to receive a copy of PSO Report # \_\_\_\_\_ without victim information being reacted 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. This reason only applies to traffic crash reports pursuant to F.S 316.066(2)(a).
- 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 #
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**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
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