



VICTIM RELEASE FORM

I, _____ PERMIT _____
VICTIM/PATIENT LAW ENFORCEMENT AGENT

TO RETRIEVE EVIDENCE OBTAINED, DURING THE COURSE OF A FORENSIC MEDICAL EXAMINATION, CURRENTLY IN STORAGE AT THE LAW ENFORCEMENT SUPPORT SERVICES FACILITY AND WILL DELIVER IT TO THE APPROPRIATE CRIME LAB FOR PROCESSING.

VICTIM/PATIENT SIGNATURE DATE

LAW ENFORCEMENT AGENT SIGNATURE DATE