RELEASE OF INFORMATION/PROOF OF REPRESENTATION

OFFICE OF ATTORNEY GENERAL
CRIME LABORATORY DIVISION
TOXICOLOGY SECTION
SFN53546 (12/2012)

To maintain confidentiality of our records, we ask that you provide this completed form prior to requesting any information from our office. We suggest you keep a copy on hand for signature during your client's initial visit. No records will be released without our receipt of this or an equivalent form.

Law Firm Completion

Firm Representing Client			
Firm Contact Name	Telephone Number	Fax Number	
Address	City	State	ZIP Code
Initial Court Appearance Date (If known)			

Client Completion

Client Name (Please print and include middle initial)			
Clients Driver's License Number	State	Date of Birth	Date of Offense

I, the above named client or legal representative, hereby acknowledge that the above firm is representing me and may have access to any and all records concerning my case file(s).

Client or Legal Representative Name	Relationship to Client
Signature	Date