

# Kensington Police Department

KENSINGTON, NH

TEL: (603) 772-2929

FAX: (603) 778-4949

## RECORDS RELEASE AUTHORIZATION

A request has been made for a release of records:

Date of Request: \_\_\_\_\_

Requesting Person (Please Print NAME): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Reason for making request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature**

\*\*\*\*\*

*This section to be completed by Police Department*

Case #: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Circle One:        Approved / Not Approved for release.

Notes/Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
(Chief of Police)

Date Given: \_\_\_\_\_ By: \_\_\_\_\_ Fee Received: \_\_\_\_\_