



# Lethbridge Police Service

## Authorization to Release Information/Consent to the Disclosure of Individually Identifying Information

I, \_\_\_\_\_, the undersigned, hereby authorize the Lethbridge Police Service to  
(Insured/Clients Name)

release to:

\_\_\_\_\_  
(Organization/Law Firm Name)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, Province Postal Code)

any information, documents and/or records from Lethbridge Police Service file \_\_\_\_\_ which  
(LPS File Number)

\_\_\_\_\_ may request, without limitation, to be disclosed by the  
(Organization/Law Firm Name)

Lethbridge Police Service of for the purpose of providing \_\_\_\_\_ with  
(Organization/Law Firm Name)

relevant and required information.

I understand why I have been asked to disclosure my individually identifying information and am aware of the risks or benefits of consenting, or refusing to consent, to the disclosure of my individually identifying information. I understand that I may revoke this consent at any time.

Dated at \_\_\_\_\_, in the Province of \_\_\_\_\_, this \_\_\_\_\_ day of  
(City Name) (Province Name) (Day)

\_\_\_\_\_, A.D. \_\_\_\_\_  
(Month) (Year)

\_\_\_\_\_  
Insured/Client Signature