

## MEDICAL RELEASE AUTHORIZATION

To all Physicians, Practitioners, Hospitals, and other Institutions and Agencies without exception:

I, \_\_\_\_\_ am making application for a Firearms Purchaser Identification Card and/or a Permit to Purchase a Handgun. As a result, an investigation is being conducted to determine my eligibility.

Therefore, you are authorized to release to the Delaware Township Police Department or its representatives any and all information, documentary or otherwise pertaining to me, that they may request.

A photostatic copy of this authorization will be considered as effective and valid as the original.

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

Signature of Candidate: \_\_\_\_\_

Witness: \_\_\_\_\_