



Springfield First Aid Squad, Inc.

POST OFFICE BOX 247 • SPRINGFIELD, NEW JERSEY 07081

Authorization to Release Records

I hereby authorize you to release to me or the individual named below

Name and address of recipient of records: _____

any information, including the records of any examination, treatment, and/or transportation rendered, pertaining to my care on _____ (date) at _____ (address).

Signature of patient: _____

Date: _____

• Do not sign until instructed to do so by a Notary Public.

Printed name of patient: _____

Home address: _____

If the patient is not signing this release, please attach power of attorney or other documentation detailing your authority to make this request.

CERTIFICATE OF ACKNOWLEDGMENT

On this _____ day of _____, _____, before me, _____, Notary Public in and for the County of _____, State of _____, personally appeared _____, who has satisfactorily identified himself/herself as the signer to the above document, having done so freely and with full understanding.

Notary Public Signature

(Affix Stamp or Seal)

My commission expires on _____.

Please return this completed form with a self-addressed, stamped envelope to Records Request, Springfield First Aid Squad, P.O. Box 247, Springfield, NJ 07081