



REPORT RELEASE FORM

Integrated Forensic Laboratories, Inc.
901 Clinic Dr. Suite C110
Eules, TX 76039

Date: _____

Agency

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I, _____, as the representative and authorized signee, for
_____, do here by authorize Integrated Forensic Labs, Inc. to release the
lab reports from all cases submitted by our department to the following:

Authorized Signature:

Date: _____

Position: _____

IFL Representative:

Date: _____

** This form will remain good for the remaining term of IFL's contract with the agency listed above. If no contract exists this form is good for 1 year from the date it is signed. The Agency, as listed above, may revoke this agreement at any time in writing to IFL at the address listed above.