

Letter of Authorization to Receive Report

Incident Report Number: _____

To whom it may concern:

I, _____, authorize:

[Printed name of person named on report]

[Name and address of authorized person(s)]

as my agent/legal representative/attorney to receive a copy of the above incident or accident report with no redactions from the Middle Tennessee State University Police Department.

Signature of person named on report

Date

****Governed by TCA 10-7-504 §(a)(29)(A)(i), §(a)(31)(B), §(q)(2)(A), and related sections****