

Robertson County Sheriff's Office

P.O. Box 1109
Franklin, TX 77856



(979) 828-3299
Fax (979) 828-5867

William Ruland, Sheriff

Records Release Form

TO WHOM IT MAY CONCERN:

I, _____, voluntarily give my permission to release information from the medical record of:
Patient Name: _____ Date of Birth: _____ SSN: _____
Full Address: _____
This information is to be released to: (Please initial for each entity and record permitted.)

- _____ County of Robertson, P.O. Box 1109, Franklin, TX 77856
- _____ City of Calvert, P.O. Box 505, Calvert, TX 77837
- _____ City of Bremond, P.O. Box E, Bremond, TX 76629
- _____ City of Hearne, 306 W. Third St., Hearne, TX 77859
- _____ City of Franklin, P.O. Box 428, Franklin, TX 77856

Please release all records _____ **medical /psychological records** and/or _____ **billing records** from
(Facility/Office) _____

for any treatment that I may have received on or about _____.

I also voluntarily give the above indicated entity my permission to use such medical records that they have received in any Court of Law or for Crime Victims' Compensation, which means that the information released may be redisclosed and no longer protected. I have the right to revoke this authorization at any time in writing to the above indicated entity.

_____	Signed / Relationship	_____	Date of Birth
_____	Address	_____	Date
_____	Witness	_____	Date

Notary is only required if the person signing is someone other than the individual for whom the records exist.

SWORN TO AND SUBSCRIBE BEFORE ME THIS _____ DAY OF _____, 20____

(Notary Public)

(Commission Expires)