

APPENDIX H
Release of Information
and Confirmation of Non-Disclosure Form

POLICY 1060

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I, _____, on behalf of the _____ Police Force, acknowledge receipt of the following information:

In consideration for the disclosure of this information, I agree that this information will only be used necessarily for the purposes of the investigation of _____

or those purposes set out in the original request for information, and this information **will not be disclosed to any person or organization outside of the** _____ **Police Force** except where required by law.

Signature of Officer

Date

Signature of Library Employee in Charge

Date