



Bernalillo County Fire & Rescue Department  
6840 2<sup>nd</sup> Street N.W.  
Albuquerque, New Mexico 87107

RECORDS REQUEST RELEASE

I, \_\_\_\_\_, the undersigned or Representative thereof requests the release of Bernalillo County Fire Department's Emergency Medical Services Incident Report.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

Must be 18 years of age or older, to authorize the release of Records. If under 18 years of age, parent or legal Representative must sign the release.

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
Social Security # or Badge #

Incident Report #: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Time of incident: \_\_\_\_\_

Address of Incident: \_\_\_\_\_

\_\_\_\_\_  
Fire Department Representative