



KATHY M. SHEEHAN
MAYOR



CITY OF ALBANY
DEPARTMENT OF FIRE, EMERGENCY & BUILDING SERVICES
26 BROAD STREET
ALBANY, NEW YORK 12202
TELEPHONE (518) 447-7879
FAX (518) 447-7883



WARREN W. ABRIEL, JR.
ACTING FIRE CHIEF

Authorization to Release Patient Care Reports from the City of Albany Department of Fire & Emergency Services

In regards to the accident, injury or illness that occurred on or about _____
at the following location _____.

I, _____ (print name) hereby authorize the City of Albany Department
of Fire & Emergency Services to release the Patient Care Report with any and all
information which may be requested regarding my past and/or present physical condition
and any and all treatment modalities rendered in the pre-hospital environment.

I further authorize the City of Albany Department of Fire & Emergency Services to
provide an official copy of the aforementioned record to _____
(print name).

Signature

Date

State of New York
County of _____

On this, the _____ day of _____, 20____, before me a notary public, the undersigned officer,
personally appeared _____, known to me (or satisfactorily
proven) to be the person whose name is subscribed to the within instrument, and acknowledged
that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public