

CHARLOTTE – MECKLENBURG POLICE DEPARTMENT <i>Crime Lab Report / Case Notes Release Form</i>		Date	Complaint #:
<p>I have been requested by the submitting/investigating officer/district attorney to pick up the listed laboratory report/case notes. By signing below I understand that I am assuming the responsibility of confidentiality and taking the responsibility for delivering the listed item to only an authorized individual. I acknowledge that I am relieving the Charlotte Mecklenburg Crime Laboratory of the obligation for delivery of the item.</p>			
Laboratory Report Copy Copy of Case Notes	Agency:		
Name of person receiving copy:	Signature of person receiving copy:		
Person releasing report:	Date of release:		
Lab section issuing report/notes:	Report date:		