

**COUNTY OF SUFFOLK
NEW YORK**



POLICE DEPARTMENT

GERALDINE HART
POLICE COMMISSIONER

I, _____, do hereby authorize and hold harmless the Suffolk County Police Department to release all records, statements, medical records, and other documents concerning an incident in which I was a crime victim to either myself and my attorney.

I have requested that the Suffolk County Police Department complete an I-918 Supplement B, U-Nonimmigrant Status Certification.

I am aware that the release of these records, statements, medical records and other documents to the Suffolk County Police Department will be used by the Suffolk County Police Department to complete an I-918 Supplement B, U-Nonimmigrant Status Certification.

I am aware that the release of these records, statements, medical records and other documents to the Suffolk County Police Department is being done with my permission and in compliance with Section 50-b of the New York State Civil Rights Law.

Signature of Victim requesting I-918 Supplement B Certification

Date

Witness Signature

Date

Witness Name Printed



ACCREDITED LAW ENFORCEMENT AGENCY
Visit us online at: www.suffolkpd.org
Crime Stoppers Confidential Tip Hotline: **1-800-220-TIPS**
Non-Emergencies Requiring Police Response - Dial: **(631) 852-COPS**
30 Yaphank Avenue, Yaphank, New York 11980 – (631) 852-6000

