



**FORENSIC  
AND  
SCIENTIFIC  
TESTING, INC.**

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**AUTHORIZATION TO RELEASE EVIDENCE**

Please FAX completed form to the FAX number indicated above. Thank you.

Date: \_\_\_\_\_

RE: FAST File #: \_\_\_\_\_

Insured: \_\_\_\_\_

Claim #: \_\_\_\_\_

Policy #: \_\_\_\_\_

I hereby give authorization to Forensic and Scientific Testing, Inc. to release the evidence involved in the above referenced case.

Signed: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Release To: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Evidence Released:

Sample #	Container	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date Evidence Released: \_\_\_\_\_ Transported By: \_\_\_\_\_