

Jacksonville Fire and Rescue Department



Duval County, Florida

MILITARY or FEDERAL AGENCY RECORD REQUEST

This form is for military and federal government authorities requesting a medical record for military activities, national security and intelligence activities or for protective services. Mail, fax, email or deliver this completed form to:

Jacksonville Fire and Rescue Department

Records Custodian 515 N. Julia Street Jacksonville, FL 32202 Fax: (904) 630-4202

Email: JFRDRecordsRequest@coj.net

- **1.** The patient information on this form must match the information documented in the patient care report.
- **2.** A government issued ID, official credentials or other proof of government status are required if picking up record.

	PATIENT	INFORMATIO	N
Patient Name:	Date of Request:		
Patient Address:			
City:	State:	Zip Code:	Date of Birth:
	INCIDENT REP	PORT INFORM	ATION
Date of Incident:	Incident Address (if known):		
	OFFICIAL N	AKING REQU	EST
Official's Name:	Agency ID/Badge #:		
Title:	Agency Phone:		
	Department:		
Agency Address:			
City:	Si	tate:	Zip Code:
compliance with state and f	ederal law, please check	n specific situations, a the situation(s) that	es described in 45 CFR § 164.508. To ensure exist:
	·	•	e the proper execution of military mission. Ty activity authorized by National Security Act.
· ·			ent, or other persons or heads of state.
	HOW DO YOU WA		•
☐Mail to:			
			□ In person
	SIC	GNATURE	
Falsifying a reque	est to release medic	cal information	is a crime under federal law.
Requesting Official's Signature			Date
FOR JFRD USE ONL	Record released by		Date